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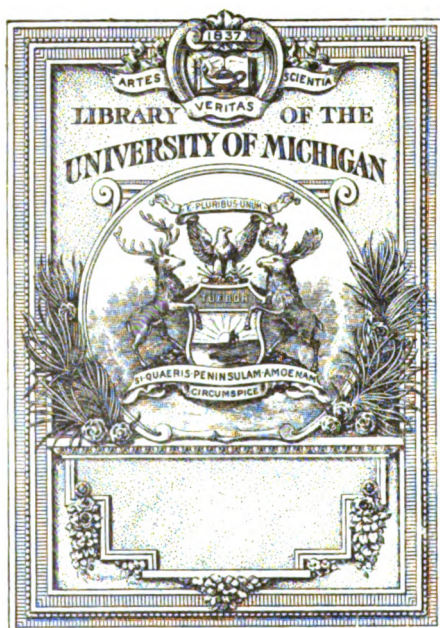
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THE
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OF

THE MEDICAL SCIENCES.



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Society Department.

AMERICAN INSTITUTE OF HOMŒOPATHY.

INDIANAPOLIS, June 14.

The thirty-fifth annual meeting of the American Institute of Homœopathy began at the Grand Opera-house, with a large attendance, delegates being present from nearly every state in the Union. The stage was elaborately decorated with flags and flowers, with the motto, "Similia Similibus Curantur" on the back ground, about a bust of Hahnemann, the founder of the school. The delegates are a fine-looking set of men, and the proceedings are characterized by dignity and intelligence. Several ladies are also delegates, and apparently take great interest in the business.

The Institute was called to order at 10 o'clock, by Dr. Breyfogle, and Rev. E. A. Bradley, of Christ Church, conducted the devotional exercises, reading a selection from the Gospel according to St. John, and earnestly invoking the Divine blessing on the deliberations of the convention.

The Institute was then temporarily placed in the hands of Dr. O. S. Runnels, who gracefully introduced Mayor Grubbs, who, on behalf of the city, welcomed the delegates in the following words :

MAYOR GRUBBE'S WELCOME.

Mr. President and members of the American Institute of Homœopathy—The people of Indianapolis are proud to welcome to their midst a body of men so intelligent and so skillful in their profession as are those who compose the membership of this Institute.

These annual assemblages of the medical and other professions, bringing together as they do the best men and the best thought of the country, cannot but result in great good to those who are thus brought into contact. Each member brings here and relates some matter of personal experience, and much that is valuable and not to be found in the books is thus given to those who participate in the proceedings.

I do not know whether this institute has a code of ethics or not. If it has I am sorry for it. The code never made a sick man well or set a broken limb. It never soothed a pain or brought rest to a disordered brain. But it has produced quarrels, discord and delay, and left men to suffer and die, when prompt action might have brought relief. Men whose profession it is to care for and preserve the lives of others have no right to discuss technicalities while their patients suffer and perish. The call of humanity is stronger and more sacred than any clause of any code, and that school which resolves to listen only to the call of duty will find the calls coming at all hours and from the best classes of people.

We are quite apt to regard the physician as a disagreeable necessity—one of those persons with whom we would rather have nothing to do, professionally, but whom we cannot conveniently dispense with. And, at times, how much we do rely upon and trust in him. If the wife or child be sick, how anxiously we watch his every expression, to see if he regards the case as at all dangerous; and how earnestly we listen to each word, that we may know just what to do and what to hope for.

My family physician is a member of this association. As a physician, I do not care to have much to do with him. But he is always faithful and prompt—prompt in attending to all my calls, and prompt in sending in his bills (probably more prompt than I am in paying them). And yet I would not care to try to get along without him.

And now, gentlemen, as you are here in the interest of progress and advancement—for the interchange of thought which may result in great benefit to the profession and to afflicted humanity—I take great pleasure in welcoming you to our beautiful city, and trust that the time spent together may prove pleasant and profitable to every member of the institute.

Your profession is a noble and sacred one. It takes you to the bedside of the sick and suffering. It brings you into close relation with husband, wife and child, and often opens to you the sacred recesses of homes which are closed to all the world beside. If you take with you into these homes a cultivated mind and a pure heart, not only

will the sick be relieved, but when death comes, which surely comes to all, you can do much to comfort those whose sorrow you vainly strove to avert.

Again, gentlemen, I welcome you, and trust that, at the conclusion of your deliberations, you may be safely returned to loving hearts in happy homes.

Dr. C. T. Corliss, on behalf of the Homœopathic physicians of the state, extended the following welcome :

DR. CORLISS'S ADDRESS.

Mr. President, Fellows of the American Institute of Homœopathy, Ladies and Gentlemen: His Honor, the Mayor, with fitting words, has welcomed you to this city of concentric circles—the city of my adoption, and in which, for more than a quarter of a century, I have, according to the Homœopathic law, practiced the healing art. But, ladies and gentlemen, the more pleasing task has been assigned to me, that of welcoming you in behalf of the Indiana Institute of Homœopathy to its generous hospitalities. This is a proud day for the disciples the illustrious of Hahnemann, in the metropolis of Indiana. It is an occasion which will long be remembered by those whom you have honored with your presence here to-day. It will give them fresh courage to stand and do battle for the right. This is a feast gotten up somewhat after the fashion of those where the guests furnish the viands, and all the “surprised” host has to do is to furnish the tables whereon to spread the repast and then to sit down with the guests and assist them in disposing of it. We welcome you to-day, gray-haired veterans, as pioneers of this grand army of intellectual progress. We welcome you from the harvest fields of the rock-riddled North; from everglades of the sunny South, and from the granite hills of New England, whose lofty summits reflect the first rays of the morning sun, and from the vine-clad fields of the prairied West. We welcome you with your sheaves of ripened grain to this summer threshing floor. And you who have come with fans in your hands to winnow the chaff from the wheat, we greet with a most cordial welcome, and may you be eminently successful in separating truth from error as the refiner separates the gold from the dross. And you, young men and women we welcome you to this feast of fat things, of wine on the lees, of wine on the lees well refined. Sit you at the feet of these gray-haired Gamaliels, and, like true disciples, learn from them lessons of wisdom which shall be to you, in after years, as a pillar of cloud by day and as a pillar of fire by night. To-day you celebrate the thirty-ninth anniversary and the thirty-fifth session of the American Institute of Homœopathy. Thirty-nine years ago, and the stalwart form I see before me to-day, and whose giant tread is being felt throughout the American continent, was but a puny infant, still wrapped in its swaddling clothes, and I fancy I see Herods of that day seeking the young child's life. Prejudice, born of ignorance and blind intolerance, would

fain have sealed the lips of Galileo forever. "But the world does move, after all." Hahnemann was proscribed by his own kinsmen; aye, more, he was ostracised from the land of his nationality. But manfully he stood at the wheel of the noble craft which he had launched, all alone, upon the turgid waters of the sea of German philosophy. Little at first, it has become mighty at last. Like the mountain avalanche, born among the glaciers of the Alps, this incontrovertible idea of the doctrine of similimum, conceived in the brain of the immortal Hahnemann, has materialized and spread until it fills the enlightened portions of the civilized world as the waters cover the bosom of the vasty deep. The labors of the physician are arduous and often but poorly requited. And it is but seldom that you hear of one who, after having borne the heat and burden of the day, is voted a vacation by his parishoners, and money put into his purse that he might visit some watering place at home, or some famous cities on the continent abroad. Through summer's heat and winter's frost, like the faithful sentinel that he is, he will be found at his post of duty, ready to relieve the sick and the dying.

You have come up here to-day, not so much for rest and recreation, though these may be incidental, as to counsel together as to the best methods of improving the sanitary condition of man, woman and child.

Accept the renewed assurances of the high appreciation which we feel for the distinguished honor you have conferred upon us in convening at this, the metropolis of our state, an association, the wisdom of whose teachings and practice will be felt upon the world's great heart until intelligence shall have died out of the race and mankind shall have returned to primeval barbarism. Ladies and gentlemen, I might say more; less I could not have said. In conclusion, permit me to say that he who occupies the chair to-day, as the honored president of the American Institute of Homœopathy—William L. Breyfogle, doctor in medicine, of Louisville, Ky., is a gentleman of sterling integrity, sound in doctrine, of varied learning, and of acknowledged executive ability. The Indiana Institute of Homœopathy is proud to own him as one of its most distinguished members, and into his hands with confidence, we commend the best interests of this association knowing that everything, with your assistance, will be done decently and in order. Again we bid you welcome.

In behalf of the association, the President, Dr. Breyfogle, responded gracefully, and then delivered his annual address, which was as follows:

THE PRESIDENT'S ADDRESS.

Members of the Institute, Ladies and gentlemen: In entering upon the duties assigned me by your suffrages I am deeply impressed with the responsibilities of the work before me, and with profound gratitude for the confidence reposed in according to me the highest honor

within your gift. Succeeding in this high office the many who have administered its affairs with such marked ability and success, I bespeak your kind forbearance and liberal aid in my earnest endeavor to carry out the rules and regulations calculated to enhance the harmony and expedite the business of the session, while I promise to put forth my best efforts to accomplish that end, and to receive your good opinion. With these desires, then, I greet you, and extend a hearty welcome to the thirty-fifth annual session of the American Institute of Homœopathy, the oldest national medical organization in America.

Before entering upon the more general business of our meeting, it becomes my duty, in accordance with the rules of the institute, to present you with an address embracing a brief review of the progress made in the science of medicine during the preceding twelve months. Besides such review I shall devote the brief time allowed me to the practical discussion of questions of vital and pressing importance to our school.

THE PAST YEAR.

In casting our thoughts back over the time that has elapsed since our meeting at Brighton Beach, we are confronted with an array of facts that at once stamp the year as a memorable one in the history of medicine. It is safe to say that during this time medical doctrines and medical ethics have been more generally discussed, both in and out of the profession, than ever before. In Europe, the meeting of the two international medical conventions brought forth delegates from all parts of the world to participate in the discussion of scientific questions and to assist in advancing the practice of medicine. Our medical literature has teemed with the reports of these meetings, and with discussions of the subjects brought forward in them, and, in consequence, every reading medical man in the world must have felt a revival of the interest within him.

MEDICINE BEFORE THE PUBLIC.

Among the laity, especially in our own country, the character and progress of medicine have also been subjects of earnest discussion. The various announcements of national and state boards of health, the numerous legislative acts in regard to medicine and sanitary measures, and, above all, the sad illness, the anxious watchings, with alternate hopes and fears, and at last death of our President, have made the art of healing a familiar subject of criticism and comment in nearly every household. Exactly what effect such discussions have had, it is difficult to determine. True measure of public opinion is full twelve inches to the foot, and may demand of us what we cannot furnish—an exact science—and the medical profession may have lost in one direction as much as it has gained in another, but we are safe in predicting that medical science, in the end, loses nothing by public discussion.

PUBLIC OPINION BENEFICIAL.

Public opinion may seem at times to deal unjustly, but in the main it is nearly correct, and medical science to-day owes more of its advancement to this cause than to all the accumulated wisdom of the medical priesthood. It is to a great extent due to the fact that Homœopathy occupies its present high position. An intelligent public, impressed with the fact that it was compelled at times to take medicine, determined to take as little as possible, and seemed ready and anxious to adopt a treatment which Hahnemann has proclaimed to be successful in curing disease without the necessity of hazardous measures. The people cared less for the philosophy of Hahnemann's particular method than for practical results, and believing success to be the test of merit, they have continued to encourage it, with liberal support and patronage until its influence has been felt throughout the civilized world. Its practitioners have not been idle, but grateful for such generous encouragement, they have made every effort to perfect the new system of medicine and to prove themselves worthy.

GENERAL STANDING OF HOMŒOPATHY.

How well they have accomplished their part, let its proud position to-day in the United States testify. Witness its magnificent hospitals and asylums; its numerous and active societies; its eleven successful colleges with crowded lecture rooms, and its thousands of volumes of medical literature. Witness the large appropriations made by state legislatures for supporting its institutions, and the appointment of its professors in state universities. Witness the official recognition given Homœopathy by appointments on National, State and municipal boards of health. Witness the fact, that its practitioners are numbered by thousands and its clients by millions among the most cultivated and intelligent of the people, and then say if Homœopathy has progressed.

THE ATTITUDE OF ALLOPATHY.

Public opinion has also done much for the Old School. It has forced its practitioners to abandon old ruts, and to travel in modern paths; to leave behind, with heroic medication, the little instrument with which Dr. Benjamin Rush claimed to have drawn enough blood to float a seventy-four gun man-of-war. So great has been this pressure upon traditional medicine that it has utterly demoralized its followers. Without a guiding principle in therapeutics, some have discarded medicine, and given themselves to the more definite and fixed methods of surgery; others have become sanitarians, while the major portion, wrangling over conflicting theories, have become divided into the dogmatic and rational, or as sometimes designated, the heroic and

expectant schools of medicine. The one claims, by right of inheritance, to be the representative of traditional medicine. Its practice has been well described by Sir Astley Cooper, "as founded on conjecture and improved by murder. The child reflects the image of the parent, and although divested of all its former grandeur, it stalks forth in its naked imbecility, and with the lash of bigotry and intolerance would drive out every medical theory which conflicts with the doctrines handed down from their ancient masters. Its un pitying, relentless malice toward its opponents is nowhere better illustrated than in the obituary notice published in the *Dublin Medical Press*, at the death of that great physician, author and philosopher, Samuel Hahnemann. It says: "It appears that old Hahnemann, the inventor of Homœopathy, is dead, having prolonged his existence by infinitesimal doses of nothing to eighty-eight years, greatly to the consolation and edification of the patrons and patronesses of quacks and quackery."

The only real progress made by the Allopathic profession in therapeutics during the last century has been by the rational school. This so-called "chip from the old block" is a modern school, and, while it retains in its features many of the marks of its antique progenitor, still presents many new and promising traits. Its practitioners, observing the successes attending Hahnemann's method of treatment, have gradually grown into the belief that Homœopathy, as a reform in medicine, had accomplished its object, and must of necessity cease to exist. Deluded by this idea, they have swept down upon a supposed victim like certain historical ornithological specimens, only to find a most lively corpse. The revelation brought a miracle, and the rational school of medicine, which was to absorb Hahnemann's method of treatment, has become simply a feeble imitator in the eyes of an intelligent public, and a detestable time-server as viewed by the medical dogmatists.

The *London Lancet*, in a recent issue, in an article headed "Quackery within the profession" says "Nothing is so much needed just now as the rise in our midst of a strong uncompromising apostle of sincerity in science—a man of un pitying animosity to humbug in all its forms, who will not hesitate at any bidding to denounce wrong-doing and untruthfulness, let who may be the offender. It is time that a spirit of manliness went out in our ranks to chase away the lying spirit of mock courtesy—the faint-hearted and time-serving sentimentality—which makes us so ready to look kindly on any pretender, and so reluctant to expose any pretence." And because certain of these "rationals" have refused longer to wear the ironclad collar which the American Medical Association fastens on the neck of all physicians who subscribe to their code of ethics, or who would be recognized as "physicians in good standing," or have dared openly and publicly to prescribe remedies in accordance with Hahnemann's method of cure; to use an imitation of the little pellets; to carry their medicines in small pocket cases, and to advocate the use of triturations sold at Homœopathic pharmacies, they are bitterly denounced as traitors.

Says the *Lancet* in the same article, "We have ourselves to thank for this most adverse 'feeling' and 'influence.'" It is the stirring of the viper we have brought in from the cold, where physicians and surgeons of more robust intelligence than those of to-day left it; the viper that we have warmed, and fed, and brought back to life; and now it is preparing to rise and sting the hand that caressed it.

OUR PATH OF DUTY.

But, I hear you ask, What has all this to do with the progress of Homœopathy, and why should quarrels among Allopathists concern us? I am deeply impressed with the idea that it greatly concerns us. While, as disinterested spectators, the impressions left from our boyhood days would incline our sympathies with the weaker party in the fight, we cannot be unmindful of the fact that this division in the ranks of our enemy bodes either good or evil to our cause.

It is, indeed, a golden opportunity for medical truth. If we stand firmly by our principles, if we tune our instruments alike, discard mysterious platitudes, and throw wide open the door to investigation, the best of them will, one by one, be forced to enter our ranks, accepting the law of similars, and assisting us in placing the honored name of Hahnemann where it properly belongs in the history of medicine. This is inevitable. Public opinions will not tolerate a base and transparent imitation. But if, on the other hand, we do not stretch forth the hand of liberality, while challenging the most searching investigation—if we make no kindly effort to bring them within our fold—they may one day dispute with us the rich inheritance left by Hahnemann, and perchance leave us with nothing but the name, Homœopathy, while they retain the substance. We should meet their objections in the spirit of frankness, and with candid arguments. They accuse us of practicing under an exclusive dogma, and give this as a reason why they cannot join with us. We should teach them that, while we believe the law of similars to be a general law, like the law of gravitation, we do not believe it to be an exclusive law in therapeutics, and only universal in its own department.

Rest and food will restore exhausted energies, chemical agents will overcome the effects of certain poisons, and the violent symptoms of an overloaded stomach may be quickest cured by an emetic. Yet all these do not disprove the universality of the law of similars, nor does this law teach us to discard other requisite methods of removing the causes and effects of disease. There are many affections that are absolutely incurable under any system of medicine, and in such we claim that, to the true physician, the whole line of palliative treatment is open. We must endeavor to teach by practical results that the law of similars furnishes the most effective, as it does the most scientific, medicinal curative method. Demonstrate that the only proper method of determining the value of drugs is by first proving them upon the healthy body, and that the administration of a single remedy

is safer and more effective than the traditional compounds. Show that the true physician should never prescribe a remedy unless he knows how it will act, and that the compounds of various drugs of unequal strength and proportions must be exceedingly uncertain as well as unscientific. These and other facts have only to be pressed upon candid medical men in order that they bear good fruit. Occupying our present strong position, we can well afford to be liberal.

Opportunities to accomplish all this are not wanting. The right hand of fellowship is already extended to us from the other side. The Royal College of Physicians and Surgeons of London, some months ago, passed a resolution permitting its members to consult with Homœopathic physicians, while differing from them in regard to the action and administration of drugs. The medical society of the state of New York has also placed itself upon a favorable footing by discarding the code of medical ethics held by the American Medical Association, and adopting one allowing its members to consult with all legally qualified practitioners of medicine. The refusal of the American Medical Association to accept these amendments cannot prevent the liberal and progressive element in the Old School from asserting its independence, and even severing its connection from an organization, which holds in shackles, forged over thirty years ago, an accumulated mass of narrow-minded bigotry, governed by ideas that were hammered and moulded into shape in some of the numerous "sky parlor" colleges of traditional medicine.

Public opinion demands this concession, and we must cordially welcome the situation. While we do not believe that consultations over the therapeutics of a case will often inure to the benefit of the patient, we must subscribe to the language of the new code in that "emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity."

It is not difficult to point out the result. Toleration begets friendship, and in the near future we may expect our annual meetings to be attended by members of other schools of medicine. All restrictions removed, they will eagerly accept the opportunity for interchange and consultations in order to test practically the efficacy of Hahnemann's method of treatment in their more difficult and obstinate cases. It will remain for us constantly to demonstrate the superior efficacy of our method to cure; and who may question our ability to do it?

It may be urged by some that this measure will eventually bring the two schools together, and extinguish Homœopathy as a special school; that practitioners of all shades will adopt what is of value in the teachings of Hahnemann, and forget distinctive names in professional fraternity. Believing as we do in the stability of the law of similars, and in its sufficiency for our guidance in medicinal therapeutics, we do not fear the result. If our method of treatment cannot stand the most rigid and searching examination, and if the light of science and accumulated experience proves it to be defective, then,

as honest men, we should abandon it. Have no fears, for our method embraces so much that can attract honest seekers after medical truth who have never had a fixed guiding principle, and is in such full accord with the modern developments of science, that it can but commend itself and its faithful followers to general favor.

THE BENEFITS OF HARMONY.

This, ladies and gentlemen, is the position of the medical profession of to-day. It does seem as if the dark cloud which has so long cast its shadow over a great part of the medical field, rendering the pathway of therapeutics a darkened maze so unlike the well-defined paths of the collateral branches of the art, is soon to be lifted so that the sunlight of truth may brighten, and perhaps lengthen the life of man.

IT ADVANCES SURGERY.

The more definite and fixed rules of surgery are due to the absence of opposing systems. The common interest taken in this field by the physicians of all schools of medicine has resulted in a degree of advancement, or perfection, that argues strongly for the cause of unity in the profession. Great operations in surgery, which were regarded as impracticable, are to-day performed with comparative ease and remarkable success. It is but a few months ago that the medical world was amazed at the report of several cases of resection of the stomach, and yet Billroth and his assistants have performed the operation some half-dozen times, and clearly demonstrated the advisability of the same under certain conditions. Just prior to this report Czerny gave a detailed statement of these cases in resection of the intestines; in one subject six and one-half feet were removed. The credit of having first performed this difficult and dangerous operation is due, and should be given, to the late Dr. Beebe, of Chicago, a Homœopathic physician of great learning and a surgeon of rare ability. For a full report of which case I refer you to the New York transactions, 1869, page 169.

You are aware of the fact that both the spleen and the uterus have been successfully removed. A few months ago Dr. A. C. Post, of New York, enucleated the parotid gland, and Dr. Walter Whitehead, of Manchester, England, lately performed the triple operation of gastrotomy, tracheotomy and excision of the tongue with perfect results. Dr. J. H. McClelland, of Pittsburg, and others, have extirpated the kidney, and a transatlantic surgeon has taken out the trachea.

Enucleation of the ovaries is of frequent occurrence, and the aspiration of the different organs almost a daily practice. To the frequent operation of ovariectomy, lithotomy, colotomy, the tying of large arteries, the amputation of limbs, transfusion of blood, trephining, extirpation of cancer, etc., may be added those of laparotomy and gastrotomy.

In other special departments, the advancement has been equally great. The operation for cataract, once so difficult, is now one of the most successful known in surgery; and in diseases of the ear and throat, equal proficiency has been made. Verily do the blind see, the deaf hear, the dumb speak, and the lame walk, through the aid of the skillful surgeon.

IT ADVANCES SANITARY SCIENCE.

The united stand taken by the medical profession in sanitary matters has also contributed greatly to the advancement of public health. With firm belief in the truth of the old adage, that "An ounce of prevention is worth a pound of cure," we together have set to work to erect barriers in the pathway of the ruthless destroyers of our race. The American Public Health Association, with doors wide open to sanitarians of all schools of medicine, has steadily progressed, until to-day it is a large body, wielding an immense influence, and numbering among its members the most distinguished names in the medical profession. It affords me great pleasure to note the fact that our own physicians have contributed greatly to this result. At the last meeting, held at Savannah, Ga., through the earnest effort of the efficient chairman of the delegation sent by this body, Dr. M. T. Runnels, of Indianapolis, Ind., our school of medicine, was well represented. The papers presented by our delegates, and published in the volumes of transactions, not only reflect honor upon their authors, but likewise credit upon the cause they represent. These transactions, together with the report submitted to Congress by the National Board of Health, embracing in a volume of 477 pages most valuable statistics and general information, are sufficient evidence of the good quality and permanency of the work already accomplished. It is also gratifying to note that the papers and discussions have not been confined exclusively to the "outside sources" of disease. In the report to Congress, the National Board of Health has given considerable space to the discussion of the "deteriorations, adulterations and substitutions of drugs," and at the last meeting of the American Public Health Association, one of the best papers presented had for its title exactly the opposite line of thought, "The Inside Sources of Disease." These subjects have received so little attention from the medical profession, and are so imperfectly understood, that we are glad to see sanitarians disposed to grapple with them, and we express the hope that they will be successful in their effort, if not to diminish the number of inside sources of disease, at least to make plain and provide for many of the evils resulting from them.

None but medical men can fully appreciate the importance of this subject. Perhaps none but the "family physician" may divine the cause of those sunken cheeks, that hectic flush, that gradual relaxation from the full vigor of health, nor comprehend the secret which consumes all desires, destroys all pleasures, and finally welcomes

death as a long-sought relief. Even he dare not state the truth in his burial certificate. Who of us has not seen the dissipated husband rendered wifeless by a broken heart, stung for the moment by a pang of remorse, drowning his thoughts in the cup, that has caused all his suffering, and which now enables him to believe his loss was caused by an act of Divine Providence?

How little does the brilliant society woman, admired, flattered, and courted by every one, believe that the slight prick of the little instrument, and the injection of a few tiny drops of a solution of Morphine, is welding the chains that will bind her fast and finally drag her to a premature grave a physical and mental, if not also a moral wreck? If the youth of our country could be instructed fully in the evils resulting from their dissolute habits, suicides would be less frequent, insane asylums less crowded, and the social evil would no longer require special legislation. These are matters that require careful and judicious handling, but being firmly rooted, we shall expect our sanitary boards to make headway against them slowly, remembering, however, "as the drop of water wears away the stone," so will repeated and constant efforts finally remove the greatest of evils.

HOMŒOPATHIC PROGRESS.

But as our time is limited, I will leave these general subjects and confine my remarks to matters more directly pertaining to Homœopathy. I must first say something of the grand gathering in London, England, during last July, of the International Homœopathic Medical Convention. It would be proper, perhaps, to give a more extended account of that convention than I shall do on this occasion, but as our medical journals have already so fully presented it in all its bearings, and as the volume of its transactions (which, through the characteristic energy and ability of its president, Dr. Richard Hughes, was, in less than sixty days after the adjournment of the convention, placed in the hands of the medical profession in America) has given you a complete report of the papers and discussions, I shall only venture to refer to its principal features. You have learned that the convention was largely attended and ably conducted; that its doors were thrown open to "qualified medical men and women from all countries," and that it adopted for its standard the broadest liberality of thought and freedom of medical opinion.

HISTORICAL REPORTS.

Aside from the many able and interesting papers read and discussed, reports were received on the condition of Homœopathy in nearly every country, which, I am glad to say, indicated progress in all directions. The strong opposition brought to bear upon Homœopathy in foreign countries through the machinery of different governments; the restrictions thrown around its practitioners; and the absence of

special educational facilities, had prevented the rapid development and brilliant achievements which have attended its progress in America. In one or two instances these restrictions have encouraged emigration to such an extent that there is danger of an insufficiency of fresh material to fill the vacancies made by time among the veterans in the service. But, notwithstanding this fact, wherever Homœopathy has been properly represented it has not failed to win the confidence and respect of the people, and to secure a strong following among the educated and intelligent.

The papers presented were of high order. The address of the president of the convention, Dr. Hughes, struck the key-note of true progress in the science of medicine, and its logical conclusions, no less than its charming delivery and eloquent language, could not fail to impress the convention with the great strength and ability of the writer. The discussions were marked throughout by that freedom of opinion, considerate courtesy to one another, and general harmony which must always result in developing the greatest amount of good.

PERSONNEL OF THE CONVENTION.

To do justice to the personnel of the convention would require more time and space than belong to this address, but I can assure you that it was highly creditable to the profession. Side by side with the distinguished Dudgeon, Drysdale, Pope, Hayward, Black, Blackley and Dyce Brown, of England; Meyerhoefer, of France; Cigliogiano, of Italy; Von Dittman, of Russia, and a host of others, sat our own Dake, Talbot, Helmuth, Wesselhoeft, James, De Gersdorff, Sawyer, McClelland, Owens, Cooper, Shearer, and others of equal prominence.

The presence of several female guests was also a noteworthy feature, especially as during the session of the international congress of Old School physicians, held in London one month later, they were refused admission as delegates.

The hospitality extended the visiting brethren was most cordial and lavish. Societies and individuals alike seemed vying with each other to render attention that made us forget that we were in a foreign country and among strangers. There were pleasures that will live and keep fresh in our hearts while all else grows old and faded.

In many respects the International Homœopathic Congress was a model medical meeting. Through the wonderful executive ability of its presiding officer, a brief synopsis of each paper was presented, and the discussions thereupon were led by regularly-appointed debaters who had previously read the full text of the papers under consideration, thus avoiding confusion, while insuring full criticism. The American Institute would do well to imitate the example, and, indeed, any medical society would find it greatly to its interest to adopt this plan, thereby saving the time usually consumed in reading lengthy papers, and affording greater opportunity for thorough discussion.

OUR HOME INTERESTS.

We now turn to the consideration of home affairs, or matters more directly connected with the growth and prosperity of Homœopathy in our own country during the last year. Evidences of progress are not lacking. The rapidly-growing literature; the increasing number of hospitals and dispensaries, and the increased attendance at our colleges all attest this.

Of new works on Homœopathy we have the pleasure of recording numerous additions during the last year. Prominent among these I will mention: *Special Pathology and Diagnostics*, a new and enlarged edition, by C. G. Raue, M. D.; *Insanity and Its treatment*, by S. Worcester, M. D.; *A Treatise on the Decline of Manhood*, by A. E. Small, M. D.; *Ophthalmic Therapeutics*, a new and enlarged edition, by Geo. S. Norton, M. D.; *Text Book of Materia Medica*, a new and enlarged edition, by A. C. Cowperthwaite, M. D.; *A system of Surgery*, by E. C. Franklin, M. D.; *Diseases of the Ear*, by W. H. Winslow, M. D.; the *Ophthalmoscope*, by C. H. Vilas, M. D.; the *American Homœopathic Pharmacopœia*, Messrs. Boericke & Tafel; and *A Method of Memorizing Materia Medica*, by A. L. Monroe, M. D. I desire, also, to refer especially to a work (of 280 pages) by William M. Cate, M. D., "*The Child of promise.*" This little work treats of the rival schools of medicine, and will be found intensely interesting to the physician, and one of the most valuable works in the hands of the non-believer.

Of the progress made in hospital practice, we note the surrender to Homœopathy of the Binghampton Insane Asylum in New York, which, together with the State Homœopathic Insane Asylum at Middletown, N. Y., gives us ample opportunity and accommodations for the treatment of this distressing malady. A movement was set on foot some months since, which has grown rapidly in favor, to establish a National Homœopathic hospital at Washington, D. C. A new Homœopathic hospital has also been established in Kansas City. Our hospital at Pittsburg is to be enlarged with the sum of \$50,000 recently appropriated by the Pennsylvania Legislature. The Hahnemann Medical College at Chicago has greatly increased its hospital facilities, and the Chicago Homœopathic Medical College has secured a portion of the Cook County Hospital, one of the finest hospitals in the United States. The Homœopathic Hospital at Brooklyn, N. Y., has also added sixty beds to the already existing eighty. A number of dispensaries have also sprung up in the larger cities, while those already in existence have greatly increased their means of usefulness.

Our Homœopathic medical colleges are improving each year in their facilities for instruction and in their number of students, and while there may have been, through some improper rivalry in the struggle to graduate large classes, a few candidates turned out that were not quite up to the degree of excellence called for, I am glad to be able to

say that the high standard of medical education adopted by our colleges, without exception, and the thorough course of instruction given afford to the students equal, if not superior facilities, compared with those of any other schools. It is important that this high standard be maintained by every possible means at our command, and that the profession generally should interest itself more in the welfare of the colleges. It is to them we must look for reinforcements. It is through such institutions that the student must enter into the vast field of medical practice, and it behooves us to watch vigilantly all who pass their portals. That Homœopathy is judged by such representatives should warn us to be only the more careful in selecting the material for these colleges and in exacting from them the most thorough examinations. While it may not at present seem practicable, there is certainly no doubt but that it would be infinitely better for Homœopathy if our eleven medical colleges could be condensed into not more than two or three large institutions, and the chairs filled by the best material selected from all the present faculties. On this plan the professors might receive salaries sufficient to render them independent of the cares of practice, and to allow more time for extensive research, in the branches taught, besides removing the temptation of graduating incompetent students.

INSTITUTE AFFAIRS.

The affairs of the Institute must also be briefly considered. The little plant so tenderly set out, just thirty-eight years ago, has become a giant of the forest, its branches extending in every direction, and throwing its protecting influence over vast area. Time has only improved its vigor, and each year has added new beauties. Storms and vicissitudes have left its strength unimpaired. Here and there may be seen unshapely limbs or evidences of decay, and the pruner's knife may be badly needed, but the grand trunk of this stately king of the forest is as sound as ever. No "dry rot" can ever affect its growth, for the germ of its life is an everlasting principle.

As our national organization has grown in dimensions, so has it extended its influence until it is felt in every part of the world. It is to-day the largest association of the Homœopathic physicians in the world. This should make us more careful, if possible, in our utterances, and the committee on publication more particular to examine the material that enters into our annual transactions. It should reserve for the action of the Institute the privilege of republication of the proceedings of bureaus, as well as of single papers. The right of appeal to the next annual session of the Institute should also be allowed to the authors of rejected papers. Reports of bureaus should be made through a synopsis of the various papers to be presented by the chairman of each, so that longer time may be allowed for discussion. The necessity for sectional meetings would then cease to exist, and the full object of such an organization be attained, viz : the gather-

ing together of the gems of thought and experience from many sources for the improvement of the medical art. The usefulness of the Institute can by such means be greatly enhanced. New bureaus can be created and a more general interest taken in the special departments of medicine.

A BUREAU OF EDUCATION.

The permanent organization of a bureau of medical education could to some extent harmonize and govern the requirements of our medical colleges, and while it might not directly prevent all differences between rival schools, it would do so indirectly by affording an opportunity for the more quarrelsome to settle their differences without disgracing the profession by newspaper discussions and libelous pamphlets.

The worthy chairman of the committee on legislation has collated a large number of most interesting facts relating to the legal status of Homœopathy. In his circular he has not only requested information both favorable and unfavorable to our interests, but has invited suggestions as to ways and means by which the American Institute can officially aid in the local and national struggle of our school everywhere, at home or abroad. Such thorough reports must greatly strengthen our organization and enhance our usefulness.

A CONDENSED MATERIA MEDICA.

I would suggest, also, that the American Institute instruct the Bureau of Materia Medica to revise and condense our pathogenesis and, as soon as practicable, to furnish this body a full report of their labors. We can then publish a "Condensed Materia Medica" in a separate volume, at an additional cost to the members and others sufficient to reimburse the Institute. Through this bureau a system might be perfected for the more thorough proving of drugs, the necessity for which is growing daily more apparent.

A BUREAU OF PHARMACY.

I would also urge upon you the necessity of separating pharmacy from materia medica, giving it a separate bureau, which shall take upon itself the work of examining into, and reporting to the Institute the value of the drugs and attenuations sold by the various pharmacists, and of suggesting some method by which reliability and uniformity can be secured. I am moved to offer this suggestion, not through any ill-feeling toward dealers in Homœopathic medicines, nor with a desire to impugn their motives—for, as a class, I believe them to be generally honest in their dealings—but, because science has at last demonstrated what many of the profession have long be-

lieved to be true, that there are influences operating in the preparation of attenuations that are not yet fully understood.

Our distinguished colleague and scientist, Prof. J. Edwards Smith, of Cleveland O., whose reputation is above reproach and whose teachings have never been successfully questioned, has, during the past year, laid aside his "microscope" and with delicate instruments and labor that consumed time due to rest and recreation, has succeeded in assaying the different triturations of Aurum met., up to the thirtieth decimal, and with the most startling results. When professor Smith sent me a button of pure gold, obtained from assaying the thirtieth decimal trituration of Aurum, large enough to handle and examine, which resisted boiling in Nitric acid, and when I remembered how diligently our distinguished colleague, Dr. Wesselhoeft, and others, had been for years searching for this valuable article with the assistance of a microscope, and that the thirtieth decimal trituration of Aurum, properly prepared, should not contain gold at all visible, I believe that there must have been some mistake in the labeling of this particular preparation. It was then suggested that as president of the Institute, I should furnish the triturations for examination. Ordering from nine reputable Homœopathic pharmacies preparations of the first, second, third, fourth, fifth, sixth and thirtieth of Aurum, I carefully removed all labels and evidences of their origin, marked the corks by letters and numbers, carefully registering each in my book, and forward them to Professor Smith. The result of these examinations will be given to the Institute at the proper time, and prove conclusively that triturations of gold as sold above the seventh decimal, are totally unreliable, the thirtieth and even the sixtieth trituration yielding the same amount of gold as was found in the seventh. It would seem, from the results of these examinations, that Hahnemann thoroughly understood the subject when he advised a limit to drug attenuations. Other discoveries have also been made.

Not only are there many inferior triturations sold to physicians, but in some instances the preparations was found to contain large quantities of matter foreign to pure sugar of milk. In some triturations the foreign matter was in excess of the original drug. There are other reasons why such a bureau should be organized, and some uniform standard adopted. Through its investigation may be discovered a method of reconciling the differences of opinion which have existed among us in regard to drug attenuation and the divisibility of drug matter, and I am sure that every physician not actuated by prejudice or a desire to trade upon an issue worn threadbare, will cordially welcome the result. Another strong argument in favor of the proposed investigation is contained in the fact that the absence of a uniform standard in the preparation of drug attenuations has afforded the opportunity for the surreptitious introduction of methods that were never dreamed of by Hahnemann, and that should have no place in scientific medicine. Homœopathy, in its struggle for scientific recognition and place, can ill afford to be handicapped by bottle-washings

and other absurd vagaries, nor can we hope to answer satisfactorily the questions propounded by honest inquirers, who are even now knocking at our door for admission, if we are unable to give some scientific reason for the belief that is in us. Shall we not, then, investigate for ourselves, rather than allow others to attend to that matter for us? Everything points to a final resolve on the part of modern Allopathy to enter the clinical arena against Homœopathy. When consultations begin, then will begin scientific investigations of our provings, our pharmacological progresses, and also of our preparations. Our pharmacists cannot escape much longer, and the American Institute of Homœopathy will be compelled to make a record on the subject.

As a chief hindrance to the general and candid consideration of the truths of Homœopathy is the absurd doctrine, never taught by Hahnemann, of infinite dilution. We should endeavor to arrive at some standard or limit for drug attenuation, and refuse longer to assume any responsibility for triturations and dilutions made in defiance of all reason, and to suit the caprices of men who are satisfied only when surrounded by impenetrable clouds of mysticism. There can be no reasonable objection urged against such action on the part of the Institute. When we remember that ninety-nine out of every hundred Homœopathic practitioners rely upon triturations and dilutions within the range ending at the tenth centesimal, and that the great clinical conquests of Homœopathy have been made, and nearly all the favorable legislation secured, by them, we are astonished that some such action has not been taken long ago.

With these suggestions, then, I will close my address, only detaining you long enough briefly to call your attention to the necrological report, which records the losses sustained by the Institute, in the removal by death of several of its members during the past year, and to pay a feeble tribute to the memory of one of our number, who, although with us at the last meeting of the Institute, apparently in the full enjoyment of health, has fallen a victim to the enemy which he had for many years averted from others. I allude to the late Dr. J. J. Youlin, of Jersey City, N. J., an ex-president of this society. Respected not less for his noble qualities of heart than for great professional worth, he has left us the pleasant recollections of a well-rounded and lovable character.

Ladies and gentlemen, thanking you for your kind attention, I now declare the Institute in readiness for the transaction of business.

The president's address was frequently applauded, and was referred to a special committee.

Dr. J. C. Burgher, of Pittsburg, secretary of the committee on publication, made a report showing the work done during the past year, which was adopted.

The same gentleman made a report from the executive committee, in which the reasons were given for changing the place of meeting from Richmond, Va., to this city.

THE NECROLOGICAL REPORT.

The report of the necrologist, Dr. H. D. Paine, of New York, was read by the assistant secretary, as follows:

The death-roll of the American Institute of Homœopathy for the past year showed a loss of eight members, namely: Drs. John F. Gray, New York; E. T. Richardson, Brooklyn; S. M. Gale, Newburyport, Mass.; T. S. Scales, Woburn, Mass.; J. J. Youlin, Jersey City, N. J.; C. Preston, Chester, Pa.; T. Moore, Germantown, Pa.; W. Scherzer, New York. The above list includes the names of all the members who have died since the last annual meeting, so far as the writer has been informed, or been able to ascertain. Though we have again, as in other years, occasion for congratulations and thanksgiving on account of the remarkably small proportion of our losses, we cannot but be painfully impressed with the gravity of the bereavements which not only our society, but the profession generally, have sustained, when we consider the character and influence of the men whose departure is recorded in this report.

The first two in this list, Drs. Gray and Richardson, were "seniors" of long standing. The death of Dr. Gray is indeed of special historical significance to every Homœopathist in the country. He was not only the first American physician to embrace the principles and practice of Hahnemann, but he was the founder of this Institute, and in many ways a man of mark and prominence in the profession and in the world.

Dr. Richardson was a member since 1847, and most valuable and earnest promotor of the great reform.

The others of our late colleagues, whose names have been already read, were all, without exception, men of acknowledged merit and men of eminence, whom we could but illy spare from our councils. The necrological report itself, of which this is an abstract, will contain more or less complete sketches of these, our late associates, which, it is hoped, will serve to keep their memory green for those who remain, and stand as lasting memorials and examples for the future members of the Institute.

THE TREASURER'S REPORT.

The treasurer of the Institute, Dr. E. M. Kellogg, reported receipts and balance from the past year, \$4,880.63; disbursements, \$5,308.48; balance due the treasurer, \$428.55; secretary's salary due, \$500; total deficit, \$928.55. The reason of this deficit was the unusual expense incident to the publication of the centennial year, which cost \$2,400. The treasurer thought that the receipts of the Institute were ample for ordinary years, and that no steps need be taken to increase them.

Dr. Foster moved the appointment of a committee of three to report resolutions expressing the sense of the convention on ethical matters, in view of the recent action of the National Medical Association at

St. Paul. The motion was laid on the table, in consideration of the fact that the committee to which was referred the president's address would report on the same subject.

THE BUREAU OF ORGANIZATION.

Registration and statistic bureau reported, through the chairman, Dr. I. T. Talbot, of Boston. It gave the statistical facts in regard to the Institute as follows: 265 institutions are represented in it as follows: General associations, 4; State societies, 26; local societies, 102; clubs, 13; miscellaneous, 5; general hospitals, 23, with 1,057 beds; special hospitals, 26, with 645 beds; dispensaries, 36, with 100,000 patients; colleges, 12, with 420 graduates; special schools, 3; journals, 16. There are 7,000 practicing physicians in the United States, and Homœopathy is gradually on the increase, and the prospects for the future are most encouraging.

Dr. F. R. McManus made a partial report from the board of censors, which was devoted exclusively to matters of professional interest. He urged that further restrictions be placed about admission to membership in the institutes.

The remainder of the morning session was devoted to reports from institutions and states.

AFTERNOON SESSION.

The afternoon session was called to order by President Breyfogle at 3 o'clock, and the reports of committees were first heard. The auditing committee reported that the treasurer's report was correct, and it was referred to the committee on publication.

The committee appointed to consider the project of purchasing Dr. Constantine Hering's library reported in favor of the proposed purchase, and recommended that a subscription list be opened for contributions, and that the library remain a fixture at Philadelphia, which was agreed to.

The first regular business of the afternoon was the report of the bureau of

GENERAL SANITARY SCIENCE,

Climatology and Hygiene. In the absence of the chairman, Dr. E. U. Jones, Taunton, Mass., Dr. G. M. Ockford, Vincennes, read the report.

It included abstracts of various papers offered, on subjects connected with the bureau. The first of these was by Dr. Jones on "Sanitation, its Objects and Results," in which various recommendations were made concerning sanitary science. This was followed by a paper on "Sanitation of Renal Diseases," by Dr. Harris, of St. Louis, in which the effects of climate, condition and intoxicating liquors was consid-

ered at length. The paper of Dr. E. H. Beckwith on "Vaccination" was next read. It said that the writer commenced the paper three months ago as an anti-vaccinist, but he had changed his mind. He believed that much of the vaccine virus used during the past summer was impure and highly injurious. He considered vaccination as a modifier, if not a preventive, of smallpox, and preferred pure humanized to bovine virus. The necessity of compulsory vaccination was discussed. "Sanitation of the Exanthemata" was considered in a paper by Dr. G. M. Ockford, of Vincennes. He thought vaccination a preventive of smallpox, and advised bovine virus only. He thought strict laws should be enacted to prevent the spread of the disease, and to quarantine, when necessary. At the conclusion of the report of the bureau, a motion was made to suspend the rules, so as to allow Dr. Beckwith, of Cleveland, to read his paper on "Vaccination," which was agreed to. The paper showed the results of careful study and research. It decried the use of bovine virus, unless it was known to be perfectly pure. A great part of that sold to the trade was not good, and the dealers in bovine virus were subject to no legal restrictions. In view of the extent of smallpox in the country, some legislation was most necessary. Not more than 20 per cent. of the primary vaccinations were successful, on account of impure virus. The speaker said in his hands vaccination from bovine virus had been neither profitable nor successful, and he had practically abandoned it, but with good virus not more than one case in 100 should fail. He controverted the position assumed by Henry Bergh in his opposition to vaccination, and cited numerous instances where it had been efficacious. He did not consider revaccination necessary when the operation had once been successful. He advocated a registration of cases of vaccination by the physicians, compelled by law. He thought the only protection for the people against impure virus was in national legislation. The people of the country should have vaccination from pure virus, without money and without price.

THE DISCUSSION OF VACCINATION

which followed was varied and interesting. Dr. Bowen, of Fort Wayne, said vaccination had done more damage in the last year than it had done good. In his city six children had died from vaccination, and many others had nearly lost their arms. In the last two years there had been more cases of pleuro-pneumonia and lung troubles than ever before, and the speaker believed this was due to the general use of impure bovine virus.

Dr. Taylor, of Terre Haute, said: There is a great deal more noise made about this matter of virus and smallpox than the facts justify. I have never seen any injurious effects from vaccination, but frequently good effects. There is no doubt of the efficacy of vaccination, Henry Bergh to the contrary notwithstanding. Anyhow, I consider that man a crank, and his ravings should not be heeded.

Dr. Morrill, of Ohio, said: I have not been vaccinated since I was a boy, and never expect to be again. [Applause.] I must be a crank like Mr. Bergh, for I have seen several cases where vaccination did great harm.

Dr. McManus, of Baltimore: I have been practicing medicine fifty-three years, and have attended many bad cases of smallpox, and have never contracted the disease. I attribute my protection to a vaccination that was introduced into my arm seventy-three years ago. [Applause.]

Dr. Armstrong, of Lafayette: I believe that I know how to vaccinate successfully when the virus is reliable. Years ago, when humanized virus was used, my success was almost certain, but since then, while using bovine virus, I have not done so well. In our county during the past winter we had six cases of smallpox, five of whom had not been vaccinated, and died, and the sixth, who had been vaccinated, had only a slight case of varioloid.

Dr. D. S. Smith, of Chicago: I have treated many cases of smallpox, and have not contracted it, and I was vaccinated many years ago. Our city had many cases of smallpox last winter, but they were mostly among emigrants, who were under no sanitary regulations. Among our own citizens, where vaccination has been practiced, it has been a great protection. With bovine virus I have had good typical results during the present year. There is nothing in my experience nor in what I have read that goes to show that vaccination is not a preventive of smallpox. [Applause.]

Dr. Dudley, of Philadelphia: I do not think that it is necessary to say very much on the preventive powers of vaccination, for if there is any one point that is definitely established in medicine, it is that vaccination is a preventive of that disease. I have been through four epidemics of smallpox and have never contracted the disease, a fact I attribute to a vaccination I had many years ago.

Dr. Dixon, of Chicago, a dealer in bovine virus, gave his experience, and answered numerous questions, and the subject was further discussed by Dr. Dake, of Pittsburg, Dr. Talbot, of Boston, and others, which consumed the remainder of the afternoon session.

EVENING SESSION.

The evening session was called to order at 8 o'clock P. M. by the president.

Dr. John W. Dowling, of New York city, offered the following resolution:

Resolved, That in view of the calamity which has fallen on the members of the medical society of the state of New York, in being refused recognition by the American Medical Association, on account of their willingness to meet with educated Homœopathic physicians in consultation at the bedside of the sick, that this institution throw open its doors to the members of the Medical Society of the State of New York, and that they be invited to sit with us and take part in our proceedings.

This resolution created considerable merriment, and Dr. Dowling read an interview with himself in the *New York Herald*, on the same subject, which was received with marked demonstrations of approval.

Dr. T. P. Wilson, of Ann Arbor, Mich., spoke on the subject referred to, and said he did not believe in getting too enthusiastic over the action of the New York Medical Society. He said the Homœopathic physicians in New York had been patted on the head and felt highly elated. He moved an amendment to the resolution indorsing the action of the New York Society, providing they would cease to arrogate to themselves special excellence by calling themselves "regulars."

Dr. Dudley, of Philadelphia, with much gravity, said he was opposed to the resolution, and believed in letting things go on just as they were. The whole subject was then laid on the table.

BUREAU OF MATERIA MEDICA, PHARMACY AND PROVINGS.

The reports from the Bureau of Materia Medica, Pharmacy and Provings were next in order, Dr. A. C. Cowperthwaite being the chairman. In his introduction he said the bureau originally intended to confine itself to the verification of true symptoms, but it had been necessary to enlarge the work. He regretted that the members of the bureau had not done their duty in preparing papers, as promised. The first paper presented was on "Confirmed Symptoms, Clinical or Proved, in Diseases of Women and Children," by Kate Parsons, M. D., of Cleveland, of which a synopsis was read. Next was "Provings of Amorphos phos.," by Dr. H. N. Martin, of Philadelphia, which was followed by the reading of a paper on "A Clinical Experience in the Use of a few Medicines," by Dr. H. N. Guernsey, of Philadelphia.

Dr. Owens, of Cincinnati in the discussion of the papers, spoke favorably of the use of Acetic acid as a drug in certain symptoms, and the matters suggested were discussed at length by other gentlemen, among whom were Drs. Taylor, of Terre Haute; Guernsey, of Philadelphia; Wilson, of Ann Arbor, and others.

Dr. Wilson moved that all the papers reported by the bureau be referred to the committee on publication, which was agreed to.

The president appointed as chairman of the Bureau of Materia Medica for the ensuing year Dr. J. P. Dake, of Nashville, Tenn., and the Institute adjourned until morning.

THE SECOND DAY'S PROCEEDINGS.

The American Institute of Homeopathy continued its sessions at the Grand Opera-house, June 15. Before entering upon the general order, Dr. Breyfogle, president, announced the following bureau:

General sanitary science, climatology and hygiene. Subject for discussion, "Social Hygiene," D. H. Beckwith, of Cleveland, O., chairman. Introductory paper; T. P. Wilson, M. D., Ann Arbor,

Mich., "Hygiene in Traveling;" T. S. Verdi, M. D., Washington, D. C., "Hygiene of Food and Cooking;" George M. Ockford, M. D., Vincennes, "Hygiene of Manufacturing;" Bushrod W. James, M. D., Philadelphia, "Hygiene of Schools;" W. H. Dickinson, M. D., Des Moines, Ia., "Hygiene of Hospitals, Homes and Alms-houses;" A. B. Wright, M. D., Buffalo, N. Y., "Hygiene of Prison Life;" E. U. Jones, M. D., Taunton, Mass., "Hygiene of Plans of Public Assemblages."

Dr. McManus, of Baltimore, read a supplemental report of the board of censors, presenting the names of several persons for membership.

HOMŒOPATHY IN EUROPE.

Dr. W. H. Winslow, of Pittsburg, chairman of the committee on foreign correspondence, made a short verbal report. He said in Germany, France, Austria and Switzerland, Homœopathy was marching side by side with the other schools. It was not formally recognized except in Austria, but in all the countries it was regarded as respectable and honorable. The cause was progressing very rapidly. He did not believe the common statement that in Germany, the home of Hahnemann, Homœopathy was languishing, for the facts did not justify the assertion. The school was not so distinct in that country, because the physicians did not fill their own prescriptions—they went to the drug stores. In France, Homœopathy is exciting a great deal of opposition. It is a fighting school there. When a man leaves the Old School and becomes a Homœopath, he feels to a certain extent that he is a victim of ostracism. An attempt is being made to crush the school by social despotism, but the prospects were flattering for the future. In England Homœopathy was on the increase, and would be in much better condition if there were not two factions in the school. In London an effort was made to establish a Homœopathic college, on a large scale, but it was not wholly successful on account of the bickerings and jealousies. The speaker had great hopes that England would soon become as great a Homœopathic teaching country as is in America. Dr. T. M. Strong, of Pittsburg, was appointed chairman of the bureau for the ensuing year.

MEDICAL LEGISLATION.

Dr. J. P. Dake, of Nashville, made the annual report from the committee on legislation, prepared by the chairman, J. C. Morgan, M. D., of Philadelphia. The report said that a recent letter from Secretary Chandler, of the Navy Department, formally opened the medical work of that department to Homœopaths as it was already in other departments. It recommended that Homœopaths demand their rights, equal justice under the law, and that officers of the government who refuse this should be promptly rebuked and pun-

ished, if possible. It was recommended that the Institute, as soon as possible, formally incorporate itself, and force legal recognition in the courts. In selecting physicians for the various departments at Washington, the present methods should be abandoned, particularly the star-session examinations, as the latter should be carried on publicly. The medical bureau of the army is the organized enemy of Homœopathy, and now is the time to make a fight against its sectarian observances. Petitions should be sent to Congress by the thousands, asking a change in the law. In England the government had prohibited any examining board from asking sectarian questions, or to demand answers on any medical tenet. There were two methods of securing this result in this country. This Institute should either appoint committees to visit the officials at Washington and demand our rights, or petitions should be sent to Congress to the same effect.

Dr. Dake then read a large amount of correspondence from different medical gentlemen on the subject.

Dr. Foster, of Chicago, by special permission, read a synopsis of his paper on the subject of "National Legislation on Medical Education."

We are promised a full synopsis of this paper, which will appear in our next issue.

On motion of Dr. Dake, the following resolution was passed :

"That the subject of rejection of Homœopathic physicians from the service as surgeons in the United States Army, as distinctly stated by Surgeon-general Barnes in his correspondence with Dr. J. C. Morgan, be referred to the committee on medical legislation, with power to act in the name of this national body.

Dr. Moses T. Runnels, of Indianapolis, reported on the reception of the Homœopathic representatives to the meeting of the American Public Health Association, and Dr. B. W. James, of Philadelphia, reported in behalf of the delegates to the International Homœopathic Convention at London.

Dr. Taylor, of Terra Haute, chairman of the committee to which was referred the president's address, recommended changes in the present bureau, advising the establishment of new bureaus on "Pharmacology" and "Medical Legislation," the latter to take the place of the international committee, the several suggestions being adopted by the institute.

BUREAU OF CLINICAL MEDICINE.

Dr. John W. Dowling, of New York, in the absence of Dr. Pomeroy, presented a report on clinical medicine, including abstracts of papers by E. Rushmore, M. D., of New Jersey, on "A plea for Homœopathic Treatment in Intermittent Fevers;" by Dr. E. S. Farrington, of Philadelphia, on "Clinical Miscellany;" by Samuel Lilienthal, in regard to the causes of the death of Rabbi Lilienthal, of Cincinnati; by Dr. David M. Thayer, on "Cases Cured with the High Potencies;" by P. G. Valentine, on "Hip-joint Diseases Caused by Medicine;" by

J. S. Mitchell, of Chicago, on "Clinical Aspects of Koch's Discovery;" by J. C. Morgan, of Philadelphia, on "A Prescription in Council, and the Reason for it;" by John W. Dowling, of New York, on "The Importance of a Knowledge of Pathology and Diagnosis in the Treatment of Disease."

Dr. Mitchell's paper was called for and read in abstract. Dr. M. has promised us a synopsis for our next issue. The position taken in this paper is that generally conceded.

On account of the lateness of the hour, the discussion of these papers was postponed, and the Institute adjourned for dinner.

AFTERNOON SESSION.

The afternoon session was called to order at 3 o'clock, and the report of the bureau of clinical medicine was resumed, and Dr. Dowling gave the history of a complicated case of "Addison's Disease," the patient being present. The discussion of the papers in this bureau was conducted by Drs. Foster, of Chicago; Taylor, of Terra Haute; Bowen, of Fort Wayne; Dowling, of New York, and Brigham, of New Albany.

An invitation was received from John Fishback, president of the State Benevolent Institutions, for the convention to visit the various institutions, which was accepted with thanks.

THE BUREAU OF OBSTETRICS

was next reported by the chairman, Dr. C. G. Higbee, of St. Paul, the following papers being read: "Nurses and Nursing in Lying-in-Chambers," by the chairman; "Rectal Complications," by Dr. E. C. Morrill, Norwalk, O.; "Annoyances of Children," by Dr. J. P. Mills, Chicago; "Puerperal Mania," by Dr. H. H. Hofmann, Pittsburg; "Meddlesome Midwifery," by Dr. C. Ormes, Jamestown, N. Y.; "Affections of the Nipple," by Dr. Millie J. Chapman, Pittsburg, Pa.; "Statistics of the Puerperal State," by Dr. G. B. Peck, Providence, R. I.; "Prevention of Lacerated Cervix," by Dr. Foster, Chicago, and "A Case of Puerperal Fever," by Dr. Dowling, of New York.

The papers were discussed by Dr. J. P. Mills, of Chicago, who spoke on "Infantile Annoyances," advocating the use of Magnesia phos. and Lycopodium in the treatment of colic due to liver disturbance in very young infants.

Dr. Peck, of Providence, R. I., discussed the question brought up in his paper on "Statistics of the Puerperal State," and gave the average opinions of a great many physicians in the matter of treatment and use of the remedies.

Dr. Higbee's paper on "Nurses and Nursing" advocated the employment of professional nurses who had been trained and educated for the work. There should be some legal restrictions placed about

the business, and nurses only should be employed who had considerable experience.

Dr. Dowling presented an abstract of a volunteer paper, involving the report of a complicated case of puerperal fever in which the patient had been treated by three schools of physicians, and naturally enough died. The report was listened to with very great interest.

This was a case of so-called dry labor followed by peritonitis, a complication that was, according to Dr. Ludlam, necessarily fatal.

Dr. Foster, of Chicago, followed with a discussion of his paper, as announced above, and the various papers read were discussed at length by Dr. H. W. Taylor, of Terra Haute; Bowen, of Fort Wayne; Dowling, of New York; Eaton, of Cincinnati; Morrill, of Ohio, and others; and after a supplemental report from the board of censors, the convention took a recess until evening.

EVENING SESSION.

The evening session was called to order at 8 o'clock, by president Breyfogle. The special order of business was the consideration of the report of the Bureau of Microscopy and Histology, which was made by the chairman, Dr. J. Edwards Smith, of Cleveland. Seven papers were reported, as follows: "Remarks and Suggestions Concerning Homœopathic Trituration, by the Chairman; "The Behavior of Gold in Certain Triturations Examined with the Microscope" by Dr. C. Wesselhoft, Boston; "The Microscopic Examinations of Triturations of Carbo veg.," by Dr. E. Rushmore, of Plainfield, N. J.; "The Lycopodium Fallacy," by Dr. W. H. Winslow, of Pittsburg; "Does Picric acid Produce Fatty Degeneration of the Red Blood Corpuscles," by Dr. L. D. Couch, of Nyack, N. Y.; "High Line Caste," by Dr. John C. Morgan, of Philadelphia, and "Prof. Koch's Bacteria in Tubercles, a Great Fallacy," by Dr. R. R. Gregg, of Buffalo, N. Y.

On motion, all the papers, except the first and last named, were referred to the committee on publication, without reading, and in this paper Dr. Gregg took strong grounds showing that all bacteria in diseases are nothing but granules and fibrils of fibrin. These forms of fibrin are developed in every case of inflammatory disease, whether acute or chronic, as had been well known for fifty years or more. Said forms correspond exactly with the forms of so-called bacteria in size, color and demeanor under every circumstance; that they occupy the same positions as is claimed for bacteria in disease, and yet that bacterists have never made allowance on their calculations for the presence of these forms of fibrin in any case. And finally, that the so-called bacteria in tubercles and tubercular cells are also nothing but granules and fibrils of coagulated fibrin.

Dr. Gregg was followed by Dr. Smith with his paper on "Remarks and Suggestions Concerning Certain Homœopathic Trituration," which consumed nearly an hour. It was listened to with interest,

being a careful consideration of an important subject. Dr. Smith gave it as his opinion that triturations above the fourth decimal were not reliable. Drs. Breyfolge, Cowperthwaite, and others spoke further on the subject, condemning the impure triturations so commonly in use.

Dr. Dake gave notice of his intention to offer a resolution directing the bureau of pharmacology to continue the investigation into the purity of the higher attenuations of drugs, so well begun by Profs. Wood and Smith.

Dr. Wilson said funds would be necessary to carry on this work, and he would gladly contribute to it—a sentiment in which various other gentlemen coincided—and a volunteer subscription was then taken, after which the Institute adjourned until morning.

The fund is in the hands of the treasurer, subject to the order of Dr. Smith, chairman of the Bureau of Microscopy. Subscriptions range from \$10 down.

THIRD DAY OF THE MEETING.

The Institute resumed its session June 16 with a report of the Bureau of Gynecology, by Dr. Ludlam, of Chicago, who, on account of a lack of time, had not made synopses of the various papers. Dr. O. S. Runnels, Indianapolis, read his interesting paper on "Indications from Trachelorrhaphy."

Dr. Henry W. Roby, of Kansas City, announced the meeting of the Western Institute of Homeopathy, at Kansas City, next week, to which the delegates were invited.

Dr. J. H. McClellan led in the discussion of Dr. Runnels' paper, and was followed by Drs. O. P. Baer, Richmond, Ind.; Cowperthwaite, Iowa City; M. M. Eaton, Cincinnati; R. Ludlam, Chicago; G. A. Hall, Chicago, and H. W. Taylor, Terre Haute. Dr. Runnels closed the discussion of his paper, which was referred to the committee on publication.

EYE AND EAR.

The report of the bureau of "Ophthalmology, Otology and Laryngology," was next considered as given by the chairman, Dr. F. Park Lewis, of Buffalo, including the following papers: "The Brain and The Eye," F. Park Lewis; "Syphilis and the Eye," by Dr. J. H. Buffman, Chicago; "The Exanthemata and The Eye," by Dr. G. S. Norton, New York; "Suppurative Keratitis in Exhaustive Fevers," by Dr. W. A. Phillips, Cleveland, O.; "Glioma of Retina," by Dr. C. H. Vilas, Chicago; "Astigmatism," by Dr. W. H. Winslow, of Pittsburgh, and "Lupus of the Larynx," by Dr. J. M. Schley, of New York.

Dr. Buffman read his paper on "Syphilis and the Eye," and the remaining papers were referred to the publication committee, and the bureau was ordered closed, and Dr. James A. Campbell, of St. Louis, was appointed chairman for the ensuing year.

Dr. Wilson at this point arose to a question of privilege, and explained that he was actuated by no sinister motive in moving the abolition of the bureau of ophthalmology and otology, but that the motion was made because the bureau had survived its usefulness. The motion closing the bureau was then reconsidered. The matter was discussed at length by Drs. Dake and Lewis, the latter saying that the bureau for the past five years had not been of great interest to the Institute, and for that reason he had favored its abolition. This was very apparent to-day, when the papers were so summarily cut off. The motion to close the bureau was lost, and the special order of business was called for, it being the

ELECTION OF OFFICERS

and selection of the next place of meeting of the Institute.

Dr. McManus invited the Institute to meet at Baltimore next year, in the name of the physicians of that city. Dr. Dowling, of New York, seconded the nomination of Baltimore. Dr. McManus explained that, personally, he did not wish the Institute to meet at Baltimore, and Dr. Dowling therefore moved that the next meeting be held at Niagara Falls, which was agreed to by nearly a unanimous vote, and the matter of fixing the time was referred to the executive committee.

The election of officers followed. For president, Dr. Dake of Nashville, in a few graceful words, nominated Dr. Bushrod W. James, of Philadelphia, who was elected by acclamation, amid much enthusiasm, and returned thanks for the honor conferred. He said he regarded two positions in this country as the most honorable that could be given; one was the presidency of the United States, and the other was the presidency of the American Institute of Homœopathy, which was at the head of the medical reform that was now agitating the country. He promised to use the utmost diligence and industry in fulfilling the duties of his office, and indicated what direction the work should take. For vice-president, Dr. O. S. Runnels, of Indianapolis, was nominated by Dr. Hall, of Chicago, in complimentary terms, and his election was made unanimous. Dr. Runnels, in returning thanks, said that he could not adequately thank the Institute for the honor conferred upon him, which was entirely unsought and unexpected. To the best of his ability he promised to work for the cause of Homœopathy, which now was in the ascendancy in the scientific counsels of the world.

For treasurer, Dr. E. M. Kellogg, of New York, the present incumbent, was unanimously re-elected, and returned thanks, saying he had appeared in a like capacity sixteen times before, and he really had nothing new to offer. He thought that his efficiency could be attested by the number of letters he had written to delinquents—and only this morning when one delegate said to another: "Who has taken the place of our lamented Dunham?" the other replied, pointing to the speaker (Kellogg): "There is our Dun-'em."

For general secretary, Dr. J. C. Burgher, Pittsburg, was re-elected unanimously, and briefly returned thanks.

For provisional secretary, Dr. T. Morris Strong, of Pittsburg, was unanimously elected on motion of the present incumbent, Dr. Guernsey, and acknowledged the compliment.

Dr. Guernsey, thereupon, resigned his position so that his successor might at once enter upon the duties of his office.

For chairman of the board of censors, the present incumbent, Dr. F. R. McManus, of Baltimore, was re-elected with much enthusiasm. In returning thanks, he said he had occupied his present position for thirty-eight years. The other censors elected in succession were Drs. R. B. Rush, Salem, O.; D. S. Smith, Chicago; F. H. Orme, Atlanta, Ga.; Millie J. Chapman, Pittsburg. The Institute then took a recess until afternoon.

AFTERNOON SESSION.

The afternoon session began at 3 o'clock, with Dr. Breyfogle in the chair. The consideration of the bureau of "Ophthalmology and Otology" was resumed, the chairman reading Dr. Vilas' paper on "Glioma of Retina," and a synopsis of his own paper on "The Brain and the Eye," and of Dr. Maguire's paper on "Cancer of the Eye." The discussion of the various papers concluded the bureau, and Dr. Lewis offered a resolution abolishing the bureau, of which he was chairman. In explaining his position, Dr. Lewis said that no member of the bureau felt at all antagonistic to the Institute, as had been intimated. In moving the abolition of the bureau, he acted only for the best, as it had outlived its usefulness. The members of the bureau, when relieved from their labors in that direction, could devote their time and attention to other Institute work which was of far more importance. The O. and O. Society was doing a special work, which it was impossible to carry in the Institute.

Dr. Dake said the bureau was a necessity to the Institute, and he hoped it would be continued. It was just as important as the bureau of surgery.

The resolution was laid on the table.

BUREAU OF SURGERY.

The report of the bureau of surgery was made by Dr. John E. James, of Philadelphia, acting chairman, who presented a number of papers, prominent among which were: "The Relations Between Waste-cells and Pathological New Formations," by Dr. H. I. Ostrom, of New York; "An Emergency in Surgery," by Dr. C. S. Greene, Providence, R. I.; "Osteotomy," by Dr. J. E. James, Philadelphia; "Carcinoma of the Rectum," by Dr. G. A. Hall, Chicago; "Antisepsis," by Dr. J. H. McClellan, Pittsburg; "Antiseptic Surgery," by I. T. Talbot, Boston; "Chloroform," by Dr. L. H. Millard, Alle

gany City. The papers on the use of Chloroform brought out a spirited discussion, in which a number of physicians participated, the point at issue being whether Chloroform or Ether was the safer anæsthetic.

Dr. Hall, of Chicago, said Chloroform, if properly used, was absolutely safe, and much preferable to Ether. Physicians should study its use carefully. The greatest danger was in the beginning of the operation, and if the patient showed unfavorable symptoms, then a rest should be given. The operator should watch the respiration, and if it continue normal no attention need be paid to the pulse. Pure Chloroform, if properly used, was as safe as a glass of milk, and he (the speaker) who had used it thousands of times, had never produced an unexpected or dangerous result.

Dr. Gilman, of Chicago, generally coincided in the opinion expressed above, but though at times Ether was preferable to Chloroform, particularly in the cases of patients with heart disease or kindred affections. In a case of fatty degeneration, Chloroform was not allowable at all. He had seen the latter used in hundreds of cases, with no bad result. He had kept patients under its influence in a state of insensibility twenty-four hours, without danger. He had never known an injury from either the use of Chloroform or Ether, or a mixture of both, in obstetric cases.

Dr. Talbot favored Ether. Dr. McClelland had given this subject great attention, and gave his preference for Ether, but had used Chloroform.

The discussion was prolonged until the close of the afternoon session, that being the conclusion of the business of the day.

Dr. J. H. McClelland, was appointed chairman. He selected the following bureau of surgery :

Drs. J. H. McClelland, Pittsburg, chairman ; I. T. Talbot, Boston, L. H. Willard, Alleghany ; Geo. A. Hall, Chicago ; N. Schneider, Cleveland ; W. Tod Helmuth, New York ; D. W. Hartshorn, Cincinnati ; J. E. James, Philadelphia ; E. C. Franklin, Ann Arbor ; C. M. Thomas, Philadelphia ; H. I. Ostrom, Brooklyn ; C. S. Fahnestock, Laporte ; C. E. Walton, Hamilton, O. ; M. O. Terry, Utica, N. Y. ; W. L. Jackson, Boston ; F. E. Doughty, New York ; A. S. Everett, Denver, Col.

The subject selected for next year's discussion was "Antiseptic Surgery."

THE FEAST OF THE EVENING.

The banquet at the New-Denison, given by the Homœopathic physicians of the city and state to their visiting brethren, was one of the most complete and elegant affairs of the kind ever seen in that city. The beautiful dining-room was most elaborately decorated with flowers and evergreens, the national colors being festooned on the wall over the head table. Besides the last named, there were four tables extending the entire length of the dining-room. These were cov-

ered with elegant floral designs in bouquets and baskets, which, with the glittering silver and crystal ware, made them present a very glittering appearance. The company, about 400, included all the delegates to the Institute, with their wives and families, a large number of prominent people of the city, and other invited guests. At the head-table were seated president Breyfogle and his successor Dr. James; Dr. O. S. Runnels, chairman of the local committee; Hon. T. A. Hendricks; Rev. Myron W. Reed; James Whitcomb Riley; Dr. F. H. Orme, toastmaster; Dr. Ludlam, of Chicago; Dr. Dake, of Nashville; and others of the speakers, with their ladies. To the music of Beissenherz's orchestra, the banquet began at 9 o'clock.

The banquet lasted over one hour, the service being excellent, and at its conclusion the postprandial exercises began, Dr. F. H. Orme, of Atlanta, Ga., acting as toastmaster, and returning thanks for the honor in a graceful little speech, in which he referred to previous banquets and to the pleasures attendant upon the present meeting of the Institute, for which, he said, the members felt very grateful. He referred to the work of the past four days, and to the intelligence and information shown in the papers and discussions. He said the American Institute of Homœopathy was at the head of medical associations of the world—a proud position, and one that might well be envied. The fraternal relations of the present meeting had been most pleasant, and his greatest hope was that, in the future, the Institute might increase in usefulness and grandeur as it had in the past.

The first regular toast of the evening was: "Samuel Hahnemann, who, although dead, yet liveth, and will always live," which was drunk in silence and standing.

To the toast, "The American Institute of Homœopathy, the Oldest National Medical Organization in America," the retiring president, Dr. W. L. Breyfogle, gracefully responded, in which he said that no one could fully appreciate the great powers and influence of the national organization, its responsibilities and trusts, until he had been president. Springing from a small society, it had become a mighty institution, whose proceedings were read with interest all over the world. The present session had been one of unusual profit, and was attended with many tender associations.

The new president, Dr. B. W. James, of Philadelphia, also briefly responded to the same sentiment, in which he said he looked forward to the time when the membership of the Institute would be 50,000, and the annual meetings would be attended by at least 8,000 delegates, half of whom would be ladies—a sentiment that was greeted with much applause. In concluding, Dr. James indulged in an imaginary outline of the incidents of the coming year, which was listened to with much interest, and predicted that before many years the American Medical Association would be knocking at the door of the Institute of Homœopathy.

To the toast, "Our Senior Members," Dr. E. D. Jones, of Albany, N. Y., responded, who said that he felt too much fatigued to speak at

length, for on the previous evening he had assisted in the initiation of three new members into the mystic order of "Seniors," which was a very tedious and laborious operation. The institution which he represented began April 10, 1844, and was started by twenty-three members, many of whom had passed away, but those who survived had seen the grand and glorious increase in the numbers and influence of the members of the Institute, for which the future held nothing but bright promise.

"The Western Academy of Homœopathy" was responded to by Dr. H. W. Roby, of Topeka, Kan., a representative of that body, who expressed his pleasure at meeting with the National Institute, from which his association was an offspring. The Western Academy was composed of a large number of learned, intelligent and industrious men, who lived in the great Mississippi valley, and were doing everything in their power in the interests of Homœopathy and humanity. Such an association was necessary to the West, and its influence was beginning to be felt all over the land in counteracting the influence of ignorance, and prejudice and blind unreason.

To the toast, "The Indiana Institute of Homœopathy," Dr. C. S. Fahnestock, of Laporte, responded at some length, who said that the society he represented was born fifteen years ago, and in its infancy it had been confronted by obstacles of all kinds; but to-day these had all been shaken off, and the society stands a peer among the societies of the states. She heartily welcomed the mother Institute at its thirty-fifth annual session, and felt honored in doing so. The absence of sectarian law in this state had allowed Homœopathy to go hand in hand with knowledge and civilization, and on account of this her disciples felt proud as well as grateful.

In the absence of Governor Porter, ex-Governor Hendricks responded to the toast. "The State of Indiana," and upon rising was greeted with enthusiastic applause. He welcomed the delegates to the city and state, saying, "It gives us great pleasure to recognize in you gentlemen of such culture and intelligence." The Governor then referred at length to the various institutions of which his state possessed; her benevolent institutions and free school system, which was the best in the world. There were 14,000 teachers in Indiana, and no two square miles in which there was not a school house. [Applause.] Mr. Hendricks concluded with a few facetious remarks about the various professions represented before him, and said that he was always proud to respond to such a toast as this at any time, for he could just open his mouth and speak good things all the time.

"The Brazen Serpent, the first example of *similia similibus curantur*," was responded to by Rev. Myron W. Reed, who said that the principle of Homœopathy had always been recognized by him as the right one. When he had a frozen ear he cured it with a frozen turnip, and when his father caught him crying for nothing he always gave him something to cry for. He had often thought that some wise doctor could build up a very pretty theory in accordance with his

belief from the story of the brazen serpent, and now he wished he had let him do it. [Laughter.] Mr. Reed then related the story of the brazen serpent in the wilderness, and drew many amusing deductions from it. He said one month's hard fishing for fish would cure eleven months' hard fishing for men, and the principle was exactly the same. The speaker closed with an eloquent defense of the principles advanced by the learned gentlemen before him. His speech, which was an excellent one, and in his happiest vein, was received with much enthusiasm.

"The Public Press" was responded to by Mr. G. C. Cochran, of the *Louisville Courier-Journal*, who paid a tribute to the profession of Homœopathy, and reviewed the relations between it and the press at great length, he was heartily applauded.

Mr. James Whitcomb Riley favored the audience with some of his inimitable character delineations, in describing the peculiarities of the Tree Toad.

Dr. S. P. Dake, of Nashville, responded to the toast. "To Our Friends in Old England."

The remaining toasts were "To the Ladies." Mrs. C. T. Canfield, M. D., responding gracefully, and "Our Host," which Dr. O. S. Runnels acknowledged. An hour or more was spent in social enjoyment.

FOURTH DAY.

The American Institute of Homœopathy began its final day's session June 16 at 9 o'clock A. M., with President Breyfogle in the chair.

A paper by Dr. N. F. Cooke, of Chicago, on "Phenic acid," was referred to the proper bureau.

Dr. O. S. Runnels, chairman of the bureau of gynecology, announced the following names as constituting the bureau:

H. Minton, M. D., Brooklyn, N. Y.; C. Ormes, M. D., Jamestown, N. Y.; R. C. Allen, M. D., Philadelphia; I. P. Hedges, M. D., R. Ludlam, M. D., Chicago; F. F. Cassidy, M. D., Kansas City, Mo.; B. F. Betz, M. D., Philadelphia; Wm. H. Bigler, M. D., Philadelphia.

The papers of the bureau of pædology were referred without reading. (Slumber, babies! slumber!)

The following bureau of clinical medicine was announced:

J. S. Mitchell, M. D., Chicago, chairman; subject, malarial fevers; J. P. Dake, M. D., Nashville; J. W. Dowling, M. D., New York; P. G. Valentine, M. D., St. Louis; L. A. Fallegant, M. D., Savannah, Ga.; W. H. Holcombe, New Orleans; L. D. Morse, Memphis; David Thayer, Boston; H. C. Allen, Ann Arbor, Mich.; E. A. Farrington, M. D., Philadelphia; T. F. Pomeroy, M. D., Baltimore; R. B. Johnson, M. D., Ravenna, O.; William Owen, M. D., Cincinnati; Anna Warren, M. D., Emporia, Kan.

The following resolution was reported from the bureau of medical education:

In response to the appeal of the Woman's Christian Temperance

Union of Indiana, made to this body in behalf of the education of the rising generation as to the evils of intoxicating beverages.

Resolved. That now, as often heretofore, this body puts itself on record as being in favor of all measures to enlighten the people of our country, especially the young, touching the dire affects of intemperance.

The president announced as chairman of the bureau of anatomy, William Owens, Cincinnati.

Dr. Wilson arose to a question of privilege and asked concerning the status of Mrs. E. G. Cook, M. D., of Chicago, whom, he said, two years ago was elected to membership in the Institute on the recommendation of the board of censors, but in the published proceedings her name did not appear, and an unpleasant controversy had arisen from this. It was high time that the matter was definitely settled, and he moved the appointment of a special committee to report on the matter next year, which was agreed to, and the chair appointed as the committee Drs. Egbert Guernsey, of New York, John K. Lee, of Philadelphia, and J. H. McClellan, of Pittsburg.

Dr. Talbot submitted a partial report of the bureau of organization and statistics, as follows : There are 7,000 Homœopathic physicians in the United States, and 278 institutions, four national societies report 1,069 members, twenty-six state societies report 1,783 members ; of one hundred and three local societies, 66 report 2,355 members, of 13 clubs 7 report 97 members ; of 23 general hospitals 18 report 1,268 beds ; 15 of these, last year, treated 6,675 patients, and the estimated value of 11 of these hospitals is \$770,500. Of 30 special hospitals 15 report 859 beds, and 9 of these treated, last year, 10,617 patients, of whom about one-half were confined on their beds, and the cost of 10 of these institutions was \$1,006,000. Of 39 dispensaries 27 report, last year, 111,469 patients, and to these have been furnished 228,589 prescriptions ; 12 medical colleges have had 1,267 students and graduated 421 physicians this year and 5,680 since they were founded ; 16 journals have published this year 9,748 pages.

The inter-collegiate committee made a final report, recommending that the charges of irregularity in the management of the St. Louis Homœopathic College be referred to the bureau on medical education, and that all such institutions be required to place in the hands of the bureau a copy of their diplomas and charters, which was agreed to.

The next regular order of business was the memorial service to deceased members, and appropriate remarks were made by Dr. Dake concerning the death of Dr. John F. Gray, of New York, who was the first American citizen to embrace the doctrines of Hahnemann. Drs. Valentine and Wilson followed in fitting tributes, and Dr. Talbot read a short biography of the deceased brother, and further remarks were made by Drs. Kellogg, Smith, Runnels and others.

UNFINISHED BUSINESS.

Under the head "unfinished business," the consideration for proposed amendment to the constitution was first considered. The change proposed was to provide for the election of four vice-presidents instead of one, as has been the custom. The resolution was not adopted, lacking the necessary two-thirds vote.

Dr. J. F. Cooper, chairman of the committee appointed to consider the article on "Homœopathy" in the Edinburgh edition of the Encyclopedia Britannica, reported that they had visited the publishers of the work, who declined to go to any additional expense to correct the article referred to. The report was received and the committee discharged.

Dr. C. Mohr's report of the American reprint of the same book was to the effect that the publishers also declined to make any change, but promised proper reparation in the forthcoming supplement.

The report was received and the committee continued, Dr. Pemberton Dudley being added to the list.

Dr. McManus, the venerable chairman of the board of censors, made a few appropriate remarks in bidding the convention adieu, to which a fitting response was made by President Breyfogle.

Dr. Pemberton Dudley offered the following resolution, which was unanimously adopted:

Resolved, That it is the sense of the American Institute of Homœopathy that no physician can properly sustain the responsibilities or fulfill all the duties of his professional relations unless he enjoys absolute freedom of medical opinion and unrestricted liberty of professional action, as provided in the code of ethics of this Institute.

The customary votes of thanks to the officers, committees, press, etc., was given, and the Institute adjourned subject to the call of the executive committee.

Treatment of Suppurating Buboës.—Dr. O. Petersen discusses the various methods of treating buboes (*St. Petersb. Med. Woch.*, No. 52, 1881), and describes the plan now adopted by himself. He recommends that every inflamed bubo should be painted with iodoform-collodion and covered with a warm compress; and this, he states, is often successful in dispersing the swelling. If, however, suppuration takes place, an incision is made, and the abscess-cavity scraped out with the sharp spoon, after which it is washed out with a 20 per cent. solution of carbolic acid. The wound is then covered with several layers of salicylic wool, and over this a firm pad of tow covered with varnished paper. A bandage is then firmly and evenly applied, paste being sometimes used to give greater firmness, so that the abscess-walls are kept in close and accurate apposition. In twenty cases treated by the author in this way, cure was usually obtained after one to three dressings, each being left undisturbed ten to fifteen days on an average. In one case, when the pressure had not been quite equal, a second small abscess had to be opened.

Consultation Department.

PARALYSIS AGITANS.

Can paralysis agitans of right arm and hand (palsy) be cured? If so, what? Age fifty-five; six years' standing. S. J. H.

RHEUMATISM.

For R. T. Harman's case of rheumatism, May 15, page 507: I have found Salicylate of Soda capable of performing miracles in all cases where there is acute swelling and great soreness. I think it would relieve this case to some extent, and perhaps open the way for other remedies. Ten grains every hour or two. See *THE INVESTIGATOR*, Vol. 10, page 179. O. B. BIRD.

MORPHINE HYPODERMICALLY.

Through *THE INVESTIGATOR*, I should like responses to the following relative to the use of Morphine hypodermically or otherwise. This may seem a foolish question for a respected Homoeopath to propound; but there is a principle underlying it. I have never given a dose of Morphine, but can count a number of cases wherein I could have saved a patron and a fee if I had given an hypodermic. Was called to see Mr. B., suffering from or rather with bilious colic. Has had it before and relieved with Morphine. Wanted Morphine. Had never had Homoeopathic medication. Did not know anything about it. Told him I thought I could relieve him nearly as quickly as with Morphine, and with much more permanence and safety. Said, no, *must have Morphine*. From an actuation of principle, love for an espoused cause, I put on my hat and told him to call a hypodermic doctor, and left. Did I do right; or should I have given him the desired injection, received my \$5, and retained my patron. Now I could not have given him a dose of the indicated remedy. He utterly refused to take it. In a word, he was too utterly utter for me. Please inform me, ye doctors of yore, did I do right, or should I have hypodermized him and gotten the V? GEORGE B. SARCHET.

Novel use of Mosquitoes and Bed-bugs.—A recent writer under the name of "Medicus" in the *Dallas Herald*, asserts that mosquitoes contain a large quantity of animal *quinina*, and therefore when they bite they inject into a persons system an antidote to malaria and fever. He says that he has captured quite a number of these insects, and macerating them in a mortar with alcohol, has by chemical experiment, actually precipitated the Sulphate of Quinina, or Quinine of the drug stores, to the amount of 70 per cent. to the mass.

[Now we have a scientific basis for Cimex.—ED.]

Hygiene Department.

PUBLIC SCHOOL HYGIENE.

BY ANNIE E. BAILEY, M. D., CHICAGO.

Read before the Illinois Homœopathic Medical Society, May 1882.

MR. PRESIDENT, LADIES AND GENTLEMEN: As this subject is one of great interest to us all I hope to gain much in favor of the children.

Education is a great benefit we all know, but health is certainly more valuable.

There are more children sick during the school term than is necessary if proper means were used to avoid it.

No matter how cold or stormy the weather, little ones go to school, may be too early, find the doors closed, must wait till the bell rings. What can they do? That is the rule.

They must stand outside and shiver in the cold, damp wind, or go home and return nearly perished, are admitted, but not allowed to warm their feet over the register, so march to their seats. It may be hours before their feet get warm, as they are required to sit during all recitations, also write every lesson, in brief they are kept too quiet with too much unnecessary study, and in our Oakland schools *no recess*.

They are not allowed to whisper or exercise at any time during 9 A. M. and 11:30 or 1 to 3:30, are many times kept in after school or at noon-time for being out of *position*.

No wonder children are sick or ready to take any disease. There are diseases which would never be thought of if teachers were compelled to follow the old rule—I mean of twenty years ago. Children would not look like plants grown in a cellar to be cut down by the first scourge of scarlet fever or diphtheria if they were allowed nature's time to grow physically *first*, and mentally afterwards. I like to have children educated, and know it can be done without ruining the health.

The trouble is pretty much after this fashion: Hurried out of bed after a deep, heavy, unrefreshing sleep, which has been full of the terrors of the long lessons they were too young to understand, afraid of the day's work before them, and of being late, are not hungry enough to eat breakfast.

Arriving at school, the room is crowded and too warm, naturally brings a sick feeling over the strongest.

How can any child sit three hours without intermission, pouring over senseless lessons, or what is too far in advance of their years?

They must have fifteen minutes recess to play out in the air, and eat a small lunch, or an apple, if they are lucky enough to have such.

Lessons are too deep, they must be more practical and interesting, *sugar-coated*, if need be.

The children who play truant and take consequence, are always the most healthy. Mothers often ask me to do something for the schools; I tried to gain recess for them in the Oakland school, but failed. Now as a wise body of men and women, I appeal to you to assist me.

Doctors are the ones to govern a board of education, also should constitute a board and make rules for teachers to go by. Not allowing the graded system to push little ones too rapidly.

The young men educated after the present system are unable to make a living. They are not strong enough in body. They remind me of a hill of beans grown in a cellar. Our children are expected to fill the places of parents, of statesmen, doctors, lawyers, and many other responsible positions.

There is great need of a physician in every school in our city, a salaried physician whose duty will be to look after the general health of the school over which he or she presides, attending those who are unable to pay for medical attendance.

A board of physicians making lessons shorter and more practical should meet at least once a month, compare districts, etc., in fact, control everything pertaining to the

growth of our children. They should be instructed to attend more closely to wants of nature.

I intended giving you the rules of several schools, with their variations, but will leave it to you, as you may have a little experience in each district. As it is, the children dis-pise the name of school or any thing pertaining to it.

The teachers pace the rooms exercising themselves, while a young child stands as monitor to mark (without judgment) every move in the room, whether intentional or otherwise.

Here the question arises, must they always be like putty balls or are they to have a chance to think and act for themselves?

I wish you would attend the school one day or send some intelligent mother who will give you a good idea of how tired and hungry the children are at noon time, and if she could follow them home, see them bolt their food, run back again, study hard over lessons which they must memorize, yet are of little or no value, you or any other person who has a child to educate would rise against it and say with me:

“I want my child strong and healthy and able to enjoy lessons at school when the mental will not interfere with the physical.”

The board of health can control this matter if our society will kindly consider the cause. If something is not done our weaklings will in a few years be governed by foreigners.

There are hundreds of tired children kept out of the sunshine and fresh air these warm sunny days in spring in our Oakland school, no intermission whatever. Can they be strong men or women, or will they live to be of age? If they should live can the warm sun bring back the lost vigor; or will they melt like a house plant before an August sun? It is criminal, to say the least of it, and any one who persists in such thing, is unfit to hold such responsible position.

Therapeutical Department

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

NEWTON, Kan., June 7.—Distressingly healthy. Prevailing disease is mumps. Two or three cases of metastasis to testicles; Puls. 3x. Two cases followed by typhoid or typho-malarial tendency; Bapt. tincture and Merc. sol. 5x, or Merc. cyan. 20x, with prompt recovery. Weather indications, and crop prospects splendid. S. A. NEWHALL.

TYPHO-MALARIAL FEVER AND ITS COMPLICATIONS.

This disease, as its name indicates, is, in itself, a complication of, or, if you please, a combination of diseases. Hahnemann says, *Organon*, Sec. 36. First, two dissimilar diseases co-existing in the human body may be of equal intensity; Sec. 38, second, or the new dissimilar disease may be of greater intensity. So in typho-malarial fever; we have typhoid fever, known by the tenderness and ulceration in Peyer's patches, and the solitary glands of the ileum, as well as by the condition and appearance of the tongue, the pulse, breath and eruption, etc., and malarial or bilious fever, known by the periodicity, gastric irritation, and often by vomiting of bilious matter, large, flabby, white-coated tongue, etc.

The symptoms of the attack vary a great deal in different cases; some are in appearance very nearly purely malarial or bilious, and our Allopathic friends, and in many cases the patient or friends use energetic means, such as active catharsis, and large doses of Quinine to break up the biliousness, weakening the system, suppressing the malarial or predom-

inating disease; and allowing the typhoid to assume the ascendancy.

The system, weakened by the depressing and depleting treatment, is rapidly prostrated by the typhoid poison; but they go right on with cathartics and Quinine, and in very many cases the patient dies during the second or third week.

On the other hand, a few cases set in almost as a purely typhoid; and prompt and proper treatment, if taken in time, before the glands of the ileum are highly inflamed or ulcerated, soon subdues the poison, and the typhoid symptoms disappear, and the case assumes a (malarial or bilious type) remittent, intermittent, or occasionally a continued form of fever, which yields to Homœopathic treatment with the indicated remedy.

In treating this disease, I find the most successful way is to anticipate so to speak, the typhoid tendency, and as soon as the tongue indicases it, give Baptisia tincture in a dose proportionate to the amount of typhoid poison in the blood, and Arsenicum 5x to 7x to aid the Baptisia, and antidote the malarial, or miasmatic, poison in the system, and cure the bilious tendency, and if taken in time in most of cases this course will break up the attack promptly.

But should the fever go on its course I find Baptisia tincture, Rhus tox. 3x or Bryonia 3x, and Arsenicum 5x or 7x in water every half hour alternately, to be prompt in controlling the disease and conducting it to a safe termination.

As aids in reducing and controlling the temperature, I use frequent spongings with cold water, and when necessary a cold compress to the lower ileum, and ileo-cæcal region, and exhibit one, two, or three grains of Salicylate of Soda at, or near, six, eight and ten o'clock night and morning.

(More in regard to constipation at some future time.)

S. A. NEWHALL.

Tartar Emetic.—Dr. Schelle (*Friedreich's Blatt. für Gerichl. Med* 1882, p. 8) communicates a case of poisoning by Tartar emetic. One gramme (15½ grains) of the salt administered as one emetic caused the death of a young man in six hours. On exhumation of the corpse, the characteristic pustular eruption produced by Tartar emetic was found on the gastric mucous membrane.

NEURASTHENIA AND HYPOCHONDRIACS.

BY GEO. M. OCKFORD, M. D., VINCENNES, IND.

In the May 15th number of *THE INVESTIGATOR* a paper appeared entitled "Some Phases of Neurasthenia." In that article there are to my mind a number of erroneous views that may mislead the young practitioner or student who has not given his attention to nervous disorders. The statement is made that hypochondriacs are neurasthenics. Now, I think that nearly all physicians who have investigated the subject will agree that what we term hypochondriacs are more often found among persons suffering from chronic intestinal affections, and especially chronic intestinal catarrh. True, the abdominal disturbance may produce a state of neurasthenia, but these cases continue to exhibit the same troubles constantly, the only variation being as a state of constipation or diarrhoea may be present. They lack the essential element of neurasthenia, which is the presence of nervous symptoms without recognizable organic disease. The presence of neurasthenia affects and modifies every other disease that the patient contracts, but it is erroneous to classify cases under the head of neurasthenia when the nervous phenomena are dependent upon some structural lesion or organic disease. As soon as the pathological condition is relieved the neurasthenic symptoms disappear. We may have indigestion apparently affecting every part of the body except the stomach, we may have uterine disorders that are simple in character that will produce more pains and nervous disturbance than malignant diseases of the organ. Affections of the genital apparatus in men are constantly encountered that are the sole cause of existing hypochondriasis and other nervous symptoms. Like its ally, anæmia, neurasthenia is an accompaniment of many diseases, but it would be just as proper to designate all cases exhibiting the dyspnoea, fainting and general debility common to anæmic patients as anæmia as to designate as cases of neurasthenia those in which the nervous disturbance is due to organic disease. If we are to follow this nosology, we might report

cases of pneumonia, bronchitis, fever and ague, and the host of affections exhibiting febrile symptoms as "phases of fever," but such generalization does not meet the requirements of modern pathology. Many of the leading neuropathists do not even give neurasthenia a place in the list of nervous diseases, but classify it as a condition accompanying the nervous diathesis; and like the other diatheses it modifies the disease tendency and leaves its impress upon the general health of those so constituted. Neurasthenia simply represents a condition in which there is a lack of the normal amount of nerve force. It may arise from hereditary conditions or be acquired by excessive mental activity, or follow excessive venery and dissipation. An impoverished state of the nervous system may be the only diseased condition present and such cases only are purely neurasthenic. The neurasthenic, like the hysterical patient, is apt to develop exaggerated nervous symptoms from slight affections, just as those of a scrofulous diathesis exhibit a tendency to nutritive disorders and glandular disturbances. We do not designate every disease affecting a person of scrofulous habit as scrofula, even if all the phenomena of the diathesis may be aroused by the existing disorder. The researches of modern pathologists would have been in vain if they only aided us in classifying diseases under such loose generalities.

TARTAR EMETIC IN SCIATICA.

BY G. S. SCHURICHT, M. D., EFFINGHAM, ILL.

MR. EDITOR: Nos. 5, and 10, of your valuable journal, THE UNITED STATES MEDICAL INVESTIGATOR, each contain a case of sciatica cured with Tartar emetic. These cases reminded me of an article about Tartar emetic which I had read in a *German Homœopathic Journal* as that article contains some valuable clinical remarks about Tart. emet., I take the liberty to send you a translation of the same. Just one remark about the author of that article, before I begin.

He is Dr. Ide, of Stettin, formerly an Allopath, but having convinced himself of the truth of our law of cures by testing the same at the bedside, he is doing good work for our cause in Germany. While Proffs. Liebrick, Wagner, Drs. Rigler, Hintze, Koeppe, etc., are doing their utmost to bring Homœopathy and its adherents in disrepute, he quietly induces a widely circulating Allopathic journal, the "*Allgemeine Medicinische Centralzeitung*" of Berlin, to publish his cases treated according to the law of similars, and with infinitesimals, and states expressly that they were treated in accordance with Hahnemann's method. These simple cases speak more in our favor than volums of theoretical arguments of our opponents. Dr. Ide is another example that an honest man, who does not willfully close his eyes to facts, and does as Hahnemann said, "*macht's nach, aber macht's genau nach,*" cannot but become an adherent of our law. In a private communication to the editor of the "*Homœopathische Rundschau*" he written as follows:

"Let me call your attention in the first place to the use of Tart. stibiat in lumbago, something not new, but, as much as I know, not as frequently made use of, as it deserves. Jahr does not mention it at all, either in his Clinical Guide under pains in the back and sides, or in his Forty Years Practice under Lumbago. Kafka also does not mention it under that heading in his Therapeutics, nor does Herschel in his *Arzueischoly*," nor Jousset in his "*Elements de Medicine Practique*." My attention was called to the remedy by (Baehr vide his Therapeutics Vol. I,) who recommended the same as the remedy relieving most rapidly. Later I also found this remedy recommended for this trouble in "*Gerhard's Hand-book*."

"The first person on whom I tested the lumbago curing power of the remedy was my own person. Each year I had two to three attacks of lumbago disabling me to attend to my practice for eight days. I cannot say that any remedy ever helped me in this condition before, neither Arnica, nor Nux nor Rhus, nor hypodermic injections of Morphine, etc. Only the last time in taking Tart. stib. have I found an actually curative remedy, for already in twenty-four hours the relief was obvious, and in a short time I was cured, although I attended to my professional duties all the time as well as I could. Since then I have not had a real attack of

lumbago, only a slight warning made itself known a few weeks ago, but disappeared the same day without medication.

All cases of lumbago which I had to treat since then, almost a year, were rapidly cured by this remedy. I generally prescribe Tart. stibiat o, ol (one and a half grains) to water 200, (about seven ounces) one tablespoonful to be taken every two to three hours.

But not only in lumbago has the remedy been of use, but I have also experienced its curative power in an uncommonly severe case of myalgia of the right thigh. The patient was a delicate girl of fourteen years, nervous temperament. While playing in the garden she had been running, when suddenly a severe pain in the thigh made her fall to the ground. She raised herself and tried to walk a few steps, when the same cramp-like pain felled her again; she had to be taken home in a vehicle. During my examination at 10 P. M., I only found a small circumscribed spot on the right thigh upwards of the sartorius muscle, in the upper third of the adductor longus painful to the touch. I could lift and extend the limb without pain, but just as soon as I rotated it, the most intense cramp-like pain came on, extorting cries from the girl, and continuing for a while. The patient could not by her own exertion move the leg in any direction. I prescribed Arnica internally and externally. Not any better the next evening. The paroxysms of pain of the most violent character had come on several times from the slight movement. Afraid of the pains, the patient lay motionless in bed, and had even slight feverishness. Having now prescribed Tartar stib. o, ol , to water 100 (a little more than three ounces) one tablespoonful every two hours, one more paroxysm was experienced during the next night, awaking her from sleep and sending loud cries into the night, but this was the last paroxysm. Four days later the patient was lifted out of bed without any pains, but she could not make use of the leg, and on trying to walk she fainted, although she experienced no pains. Pains and paroxysms did not return. The next day a painless cedema around the right ankle made its appearance. For this symptom and for the lameness I prescribed Rhus. Under the use of this, the patient gained the full control of her leg in seven days, after a painless cedema of the knee had been noticed, a few days after that of the ankle.

“Myalgia of the lumbar region as well as of the thigh are found in the pathogenesis of Tart. stib. and legalize the

use of this remedy in these cases. Of great interest was a case of catarrhus renalis, whose symptoms induce me to prescribe Tart. stib. It was a woman thirty-two years of age, weakened by work and grief. On September 12th, she complains of having had for two days violent pains in the back passing forward and inwards toward the pubic region, after having experienced slight pains on urination for four days previous. The night before last the pains in the back and sides have become violent, she had to leave her bed. With this is associated nauseous eructations and slight fever. Tongue coated with a whitish mucus. Pressure on region of the kidneys very painful, also in the right side under the ribs. I prescribed Tart. stib. o, 02 (three grains.) to 120, (four ounces of water, a teaspoonful every two to three hours, and requested her to bring some of her urine. On the 14th, patient brought some of her urine, it was of weak acid reaction, yellow color, turbid and contained in a light sediment very granular, (stark gekorute) small round cells, some with a nucleus, small epithelial cells, as they come from the upper region of the urinary tract, and several large flat epithelial cells. The patient related that she suffered much pain and was very sick the day previous, had to keep her bed, but since last night she feels great relief. Pulse quiet, tongue a little whitish, regions of kidneys still sensitive to pressure, but almost no sensations during micturition. Medicine repeated. On the, 17th the urine is clear and without sediment, and no pains at all, neither in kidneys nor in side nor while urinating. "I can also corroborate Imbert Goubeyre's recommendation of Tart. stib. for orchitis, having cured a case of gonorrhœal orchitis with it."

Subcutaneous Injection of Iodoform in Syphilis.—Dr. Thomann of Graz states (*Centrallb. fur Med. Wiss.*, No. 44, 1881) that he has treated several cases of early syphilis by injecting beneath the skin a solution of iodoform in glycerine (6 to 20). He began with a dose of 0.30 gr. (about $4\frac{1}{2}$ grains) of iodoform, and gradually increased it according to circumstances up to 0.75 gr. After ten or twelve injections in various parts of the body, marked diminution of the symptoms was noticed. In some cases, slight pain was felt for a few minutes after the injection, but it usually quickly disappeared. The puncture next day was only slightly red and tender. In no case was abscess caused. Iodine could be detected in the urine within two hours after the injection, but the odor was not perceptible either in the urine, breath or sweat. The use of the drug did not cause sleepiness nor disturbance of the pulse, temperature, or the health generally. In some cases a solution of iodoform in oil of sweet almonds was tried, but the local reaction was more severe and lasted several days. The oil solution also had to be prepared immediately before injecting it, otherwise free iodine was quickly liberated.

Medical News.

G. N. Macomber, M. D., from Norwood, to Syracuse, N. Y.

T. J. Patchen, M. D., of Fond du Lac, Wisconsin, is physician to Green Lake summer resort for the season of 1882.

Dr. W. H. Sanders, president of the Homœopathic staff of physicians and surgeons to Cook county hospital, has removed from 2721 Wabash Ave. to 2804 Michigan Ave. He promises some items of interest.

F. Park Lewis, M. D., of Buffalo, secretary of the American Ophthalmological and Otolological Society has kindly consented to see that our eye and ear department is full of valuable facts. Our eye men are an honor to Homœopathy, and they are doing a good work as the profession will see.

M. T. Runnels, M. D., of Indianapolis, wishes us to remind our readers that the American Public Health Association will meet in Indianapolis in October. He would like to have the honor of proposing a large list of new members from among our ranks. The Institute appreciated his zeal with a cordial vote of thanks.

Agaric in Night Sweats.—*B. N. Wolfenden, B. A.*, states that he has administered Agaric, in nearly forty cases of night sweating of phthical patients with complete success. The drug is quite innocuous in any dose. Twenty grains are usually sufficient, given at bed-time, though thirty grains may be necessary to quite check the sweating. (*Med. Times, N. Y.*)

Avena sat.—We wish to say that through the rush of orders, both wholesale and retail for *Avena sat.* tincture we have not been able to fill them at once, on account of not being able to get the medicine fast enough. But now we have a good supply on hand. We are already hearing of good results from its use in curing the Opium habit. Let the reports come in. Price per ounce 20 cents. Special prices on large orders.

Dr. H. L. Reed, of Waupun, sends us his card on which we find the following :

H spells Homœopathy, an improved medical science,
 Analysis of symptoms being their strong reliance,
 And Dr. — is the oracle to consult.
 And improved health and finances will be the result.
 No violence is done to the organs internal,
 No caustic invasions, no drugs infernal,
 But nature is allowed to have her sway,
 And be assisted in the natural way.
 Dr. — answers promptly to every call,
 And fees including medicine, attendance and all.

Case of Soft Chancre in the Rectum.—A woman, aged 29, presented herself at Professor Neumann's Clinic, complaining of severe pain on defecation, from which she had suffered for some days (*Allgem. Wien. Med. Zeitung*, No. 49, 1881). On examination, a sharply cut sore, having the character of a soft chancre, was found on the posterior wall of the rectum, about four centimetres above the sphincter. The anus and the genital organs were healthy. Inoculation of the discharge of the rectal ulcer on the patient's arm produced two characteristic soft sores. The patient's husband was then examined, and was found to have a soft sore on the margin of the prepuce. He admitted that he might have infected his wife. Two chancres subsequently appeared among the anal folds in the case of the woman, presumably from secondary inoculation by the discharge from the rectal sore.

Syphilitic Lesions of the Orbital Walls.—The following is a brief resume of a paper read by Dr Bull before the New York Academy of Medicine (*New York Med. Gaz.*) November 5th, 1881. Syphilitic lesions of the wall of the orbit belong usually to the late stages of disease; when they occur early, they are less severe. The usual seat of gummata is the frontal bone. The diagnosis is not always easy. Periostitis may be one of the earliest constitutional symptoms of syphilis. In adults, it tends to speedy resolution under proper treatment. In inherited syphilis, it is less amenable to treatment. Periostitis may be acute or chronic. The symptoms are pain, swelling, exophthalmos towards one side or downwards, redness of the eyelids, etc. The dangers are: loss of vision, optic neuritis, or simple atrophy of the optic nerve. Pain is very severe, and the attack may be ushered in by a chill. The symptoms of the chronic form are more obscure. These lesions are often accompanied by subperiosteal abscess, which usually opens through the conjunctiva or eyelid, but may open into the nose or cranial cavity. Extension to the meninges does not occur, but caries of the bone may follow, and sinuses may be left through which dead bone comes away. Of exostoses due to syphilis, the most marked symptom is exophthalmos. They are usually slow in growth, but may develop rapidly. They cause pain by pressure on nerves. Treatment should be constitutional, and careful examination made for other signs of syphilis.

The Influence of the American Institute of Homœopathy does not seem used to its full advantage. A meeting held in a city, a full report of the proceedings in the papers, and a big banquet impress very few people. A lesson might be learned from the American Medical Association. When it meets in a large city, as it always does, the homes of the people are thrown open to entertain them in the good old-fashioned way. No banquets are given but several leading families give receptions or levees every night. Thousands of people are met and everybody for miles around know all about "The Doctors' Convention." The grand social time so overshadows all mistakes that are made that the people's admiration for the noble profession of

physicians increases, and so All pathy retains a firm hold. Outside of Boston no such popular demonstration has been seen by the Institution as was given the Allopaths at Richmond and St. Paul. Next year the Institute goes picnicing to Niagara while the Medical Association will capture Cleveland and all the country round. As the executive committee took upon them to change the meeting from Richmond to Indianapolis, doubtless with advantage to the cause, so we suggest that the cordial invitation of Baltimore be accepted, and while Dr. McManus is with us allow him to manage receptions in the good old southern way. That section needs our influence and especially the government just now. These suggestions are respectfully submitted to the managers. An early meeting in Baltimore will secure a large attendance, especially from the west.

Poisoning by Phosphorus.—Hugo Hessler contributes a paper on acute phosphorus poisoning (*Vierteljahr fur Gerichtl. Med.*, Band xxxv, p. 248, and Band xxxvi, p. 10). He summarises his conclusions as follows: 1. The commencement of toxic symptoms is not so dependent upon the form in which the poison is administered and its quantity, as upon the susceptibility of the individual, and the contents of the stomach at the moment of ingestion. 2. Icterus of the skin is a constant symptom, and usually appears on the third day. It is rather of hæmatogenic than hepatogenic origin. 3. Virchow's gastro-adenitis is a never-failing pathological lesion. 4. There is no distinctive difference observable between acute phosphorus-poisoning and acute atrophy of the liver, either in the commencement or in the course of the illness; nor in the lesions of the liver; nor even by chemical tests applied to the urine. 5. Statistics show that the prevalence of changes in the muscles of the lower extremities (fatty degeneration) is characteristic of acute phosphorus-poisoning. 6. In acute phosphorus poisoning the blood is rather thin and dark red, than viscid, and the ecchymoses are unequally distributed in each organ, and most extensively in the pectoral viscera. Both these appearances are direct results of the phosphorus-intoxication acting through the heart, liver and kidneys. 7. Chemical investigations have shown that, in animals destroyed by phosphorus, the process of oxidation of the phosphorus is not so much dependent upon the time which has elapsed, as upon the amount of air and oxygen in the part in which the phosphorus is oxidized into phosphoric acid. 8. The detection of phosphorus chemically is not absolutely necessary for the diagnosis of phosphorus poisoning. This must be accepted as either probable or certain, when the above-mentioned proofs lend support to the assumption that the case is one of poisoning, and when there are no other diagnostic factors to elucidate the case. 9. Casper's four criteria of poisoning are equally important for diagnosis, and must be borne in mind. They support one another, and are the more diagnostic in proportion as they are exact and extensively distributed.

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Society Department.

*PROCEEDINGS OF THE OPHTHALMOLOGICAL AND OT-
OLOGICAL ASSOCIATION.*

The sixth annual session of the American Homœopathic Ophthalmological and Otological Society convened in the parlors of the New-Denison House June 13. In the absence of the president, Dr. Houghton, of New York, Dr. J. H. Buffum, of Chicago, acted as president; Dr. F. Park Lewis, of Buffalo, acted as secretary.

The address of the president would have opened the session, but as its receipt had been delayed it was temporarily passed over. The report of the secretary was read and adopted. The treasurer showed the finances of the society to be in excellent condition.

After the transaction of routine business and the admission of candidates for membership who had been favorably reported by the board of censors, the society listened to the reading of the papers that were presented.

The following is the list of subjects as read by the secretary :

"Anomalous Cases," C. H. Vilas; "Sympathetic Ophthalmia," W. H. Winslow; "Pathology of Cataract," Jas. C. Burnett; "Suppurative Inflammation of Middle Ear—Exfoliation of Bone—Facial Paralysis—Case from Practice," W. A. Phillips; "Cyclotomy," B. W. James; "Congenial Auricular Malformation—Microtia-atresia ext. Meatus," Jas. A. Campbell; "Spring Catarrh of Conjunctiva," Alfred

Wanstall; "Severe Burns and Scalds of Eye," C. H. Vilas; "Some Advances in Cataract Extraction," Geo. S. Norton; "Infantile Mastoiditis, with Case," J. H. Buffum; "Voluntary Nystagmus Case," James A. Campbell; "Clinical Cases—(1) Hemorrhage from Ear, following a fall; (2) Neuritis Decedens with objective (vascular) noise in Temporal Fascia," Alfred Wanstall; "Cinchona in Diseases of the Middle Ear," Henry C. Houghton; "Treatment of Trachoma," F. Park Lewis.

The paper of Dr. J. C. Burnett, of London, England, was read by the secretary. The subject, "The Causes of Cataract," was treated in a very careful and scholarly manner. Among the causes was the excessive use of salt, of sugar, and of hard water. In the discussion which followed, the general feeling of the gentlemen present was not in support of his propositions, although they were deemed worthy of careful consideration. Dr. Buffum, in the treatment of partial cataract, had seen beneficial results follow the combined action of internal medication and local galvanism. Dr. Winslow questioned the causative relation which the paper had pointed out between arterial sclerosis and lenticular opacity.

After the exhibition on the part of the members of some new and valuable ophthalmic instruments, the society adjourned to meet at 8:30 o'clock next day.

SECOND DAY.

At 9 o'clock, June 14, this society was called to order in the parlors of the New-Denison Hotel, by acting President, J. H. Buffum, M. D., a large number of physicians being present. The report of the board of censors was read by the secretary, and the election of several gentlemen to membership followed. The first paper which was read was on "Cyclotomy," a new operation for Glaucoma, by Dr. B. W. James, of Philadelphia. This operation, the result of which with Dr. James have been peculiarly gratifying, has the advantage of leaving a perfect pupil. A very interesting discussion on the subject followed. Dr. James A. Campbell, of St. Louis, presented a report of a very unusual malformation of the ear, the external ear being abnormally small and distorted, and the bony canal imperforate. The removal of the distorted lobe, strange to say, much improved the hearing—probably by allowing a more perfect bone conduction of sound.

Dr. C. H. Vilas, of Chicago, read a paper on "Extensive Burns and Scalds of the Eye." The peculiarities of several cases illustrated the subject.

The next paper on the list being by the president, Dr. Campbell was called to the chair, while Dr. Buffum, of Chicago, presented the subject of "Infantile Mastoiditis," the dangers and treatment of which were shown in a case which was fully described. After the discussion which followed, and in which many important facts were developed, Dr. Buffum resumed the chair while Dr. Campbell reported

a case of "Voluntary Nystagmus," which was remarkable for its rarity.

Dr. F. Park Lewis in his paper on "Granular Eye-lids" touched upon a theme of general interest because of the prevalence of the disease, and its frequent obstinate resistance to treatment. Hygienic precautions were deemed as important as local adjuvants or internal medication.

Dr. Buffum, again resigning the chair, presented an exceedingly interesting paper on "Sympathetic Retinitis," the relief of which was affected by a removal of a portion of the optic nerve, the eye ball being left intact.

The concluding paper was one by Dr. T. P. Wilson, of Ann Arbor, on "Anomalous Refraction." Dr. Wilson exhibited a very beautiful and complicated instrument by which these focal errors could be more readily determined.

The literary work of the society being completed, the names of Drs. J. Compton Burnett, T. E. Cooper, R. E. Dudgeon, all of London England, were presented for honorary membership; all were elected.

Proceeding immediately to the annual election, the following officers were chosen :

President—C. H. Vilas, M. D., Chicago.

Vice President—W. H. Winslow, M. D., Pittsburg.

Secretary and Treasurer—F. Park Lewis, M. D., Buffalo.

Board of Censors—T. P. Wilson, M. D., Ann Arbor; M. O. Terry, M. D., Utica; J. A. Campbell, M. D., St. Louis.

The motion of adjournment immediately followed, and concluded one of the most interesting and valuable meetings of this scientific organization.

F. P. L.

WESTERN ACADEMY OF HOMŒOPATHY.

The eighth annual convention of the Western Academy of Homœopathy met in regular session at Kansas City June 20. The meeting was called to order at 3 o'clock by the president, Dr. E. M. McAfee, of Clinton, Ia. Dr. W. D. Foster, of Kansas City, delivered the welcoming address, which was as follows :

ADDRESS OF WELCOME.

MR. PRESIDENT AND GENTLEMEN OF THE CONVENTION: On behalf of the Homœopathic physicians of Kansas City I bid you a most cordial and hearty welcome. This is the first occasion on which any such distinguished body of practitioners of our school has honored this town by choosing it as the place for their deliberations. We sincerely trust that your sojourn may be both pleasant and profitable; that the questions which will engage your attention may receive that fair and dispassionate treatment which their importance

merit—a course alike creditable to the participants, and an honor to the cause we represent.

In chronological order this town is the fourth in Missouri wherein Homeopathy gained a foot-hold. Our accomplished frater, Dr. Joshua Thorne—who is unavoidably absent—came here in 1859. Instead of the flourishing city of 100,000 people and the massive structures you now behold spread over a vast extent of hill and valley, this pioneer of *similia* found a frontier town in the wilderness. This man, then young and fresh from college, combining first-class acquirements with pluck, energy and perseverance, wrung success out of the most adverse surroundings, and is now happily in the enjoyment of a lucrative and appreciative patronage. Long may he live to enjoy the benefits of what he has wrought.

Dr. Thorne's efforts were—six years later—supplemented by the arrival of Dr. John Feld, who built up a large practice, won a well deserved reputation; he still remains in our midst and is a millionaire.

In 1868 came Drs. Peter Baker and Chas. Baker. The former is amongst us still; has acquired a fine practice, in which he is actively engaged. He is held in high esteem by the fraternity as well as by a wide circle of appreciative patrons. Dr. Charles Baker removed to Philadelphia some years ago, where he is successfully fighting the foe.

In 1870 came Dr. W. H. Jenney, who during a period of twelve years brought the Homœopathic practice to the front and won himself a wide, enviable and honorable reputation. Dr. Jenney is now temporarily out of practice, recuperating his depleted energies and resting upon his laurels. He is in Ohio, digging in the ground.

Closely following came Dr. J. C. Cummings, now of St. Louis, and Dr. McAllister, whose present habitation I have been unable to learn. Since the year 1873 the number of arrivals and departures is not chronicled. Be it said however, it is legion. At the present time we have altogether about thirty practitioners—all earnestly striving to spread the great truths of Hahnemann.

Finally, the cause of *similia* is flourishing; the physicians are harmonious, and we confidentially look to the time in the early future, when we shall have a hospital fully equipped and in successful operation.

Most earnestly trusting that your sessions may result in great and lasting good to the cause so near all our hearts: strengthen the equipments for alleviating the ills of humanity, and that your deliberations may be harmonious, gentlemen, I thank you for your courteous attention.

In behalf of the Academy Dr. A. S. Everett, of Denver, Col., replied congratulating the physicians upon their reception, and the warmth of the greeting extended, and then very felicitously alluded to the growth and commercial importance of Kansas City and in conclusion returned thanks for their reception.

Dr. H. W. Roby was appointed acting secretary in the absence of Dr. C. H. Goodman.

An auditing committee consisting of Drs. N. A. Pennoyer, L. Pratt and P. G. Valentine, was appointed.

Drs. G. A. Hall, T. D. Abell and H. M. Bascomb were appointed a committee on credentials.

On motion it was decided to employ a stenographer to report the official proceedings of the convention.

A board of censors were appointed, consisting of Drs. R. F. Baker, N. B. Delamater, Mrs. S. H. Harris, L. Pratt and P. G. Valentine.

In the absence of Dr. G. W. Foote, Dr. R. F. Baker was appointed temporary treasurer.

After a recess of thirty minutes the committee on credentials reported the following delegates representing colleges, societies, etc.

W. D. Foster, M. D., Kansas City, Mo.

A. S. Everett, M. D., Denver, Col., delegate Denver Homœopathic Medical Society.

N. A. Pennoyer, M. D., Kenosha, Wis., delegate Kenosha Water Cure.

H. F. Klemp, M. D., Topeka, Kas.

P. G. Valentine, M. D. St. Louis, Mo., delegate St. Louis College Homœopathic Physicians and Surgeons, and St. Louis City Society of Physicians and Surgeons.

H. W. Miller, M. D., Kansas City, Mo.

W. A. Phillips, M. D., Cleveland, O., delegate Homœopathic Hospital college, Cleveland, O., and Homœopathic State Medical Society, of Ohio.

W. E. Glidden, M. D., Beloit, Kas.

P. Baker, M. D., Kansas City, Mo.

J. P. Willard, M. D., Jacksonville, Ill.

D. T. Abell, M. D. Sedalia, Mo.

J. M. Crawford, M. D., delegate from the Pulte Medical College, Cincinnati, O.

L. Pratt, M. D., Chicago, Ill.

N. B. Delamater, M. D., delegate from State Homœopathic Medical Society, Illinois. also delegate from Chicago Homœopathic Medical College, Chicago, Ill.

E. M. McAfee, M. D., delegate-at-large—or a large delegate, Clinton, Ia.

Sarah J. Harris, M. D., Galena, Ill.

R. F. Baker, M. D., delegate from Rock Island County Homœopathic Medical Society, Davenport, Ia.

G. A. Hall, M. D., Chicago, Ill., delegate Hahnemann College and Hospital, and Hahnemann Hospital Clinical Society.

H. W. Roby, M. D., delegate from Kansas State Homœopathic Medical Society, Topeka, Kas.

H. M. Bascomb, M. D. Ottawa, Ill.

The secretary announced that the proceedings of the society for

the past two years would be issued in book form within a short time, and the publishing committee made a report to the same effect.

A committee composed of Drs. G. A. Hall, P. G. Valentine and H. W. Roby was appointed to report upon the advisability of amending the constitution and bylaws.

The board of censors reported in favor of the following, who submitted applications for membership:

Drs. G. F. Shears, of Chicago; H. F. Klemp, of Topeka; W. D. Foster, of Kansas City; Mrs. S. S. Pearse, of Kansas City; J. M. Crawford, of Cincinnati; S. H. Anderson, of Kansas City; A. W. Blunt, of Clinton, Ia.

Dr. Valentine offered a resolution, which was adopted, to appoint the chairman of the several bureaus for the ensuing year after the report of the bureau. Dr. Hall offered an amendment which was also adopted, confining the discussions of each bureau to one subject.

Mrs. Dr. Harris submitted a resolution protesting against taxing the memory of children at the expense of the other faculties in schools, and also against long school hours, for the reason that long confinement of children tended to injury of the spine and the production of nervous diseases. Was laid on the table.

The convention then adjourned.

SECOND DAY.

The second day's session of the Western Academy of Homœopathy convened at the Coates house at 9:30 o'clock. President McAfee occupied the chair, and Dr. W. H. Roby, the secretary, was present, with a large attendance of members of the organization.

The association took up first the report of the committee on revision of the constitution, which made a number of material amendments, all of which were accepted and carried unanimously.

Following this came the presentation of an able, though somewhat extensive paper upon the subject of "Protecting of the Public against Venereal Poison," by Dr. R. F. Baker, of Davenport, Ia. The question was of such importance that it was then taken up and discussed at length by Dr. Hall, of Chicago; Dr. Campbell, of St. Louis; Dr. Crawford, of Cincinnati; Dr. Bascomb, of Ottawa, Ill.; Mrs. Dr. Harris, of Galena, Ill.; Dr. Delamater, of Chicago; Dr. Blunt, of Topeka, Dr. Phillips, of Cleveland; and Dr. Pratt, of Wheaton, Ill. All phases of the question were touched upon, there being several opinions expressed, and no definite conclusion reached, except that the young should be warned against the practices which expose them to such terrible consequences.

"The Sanitary Science of School Education," was the title of a practicable and sensible paper delivered by Mrs. Dr. Harris.

From the bureau of sanitary science, Dr. Foote, of Galesburg, Ill., chairman, submitted a comprehensive paper upon the "Sources of Disease from Poisoned Atmosphere."

THE BUREAU OF SURGERY.

The bureau of surgery next came to the front, and the chairman, Dr. W. H. Caine, of Stillwater, Minn., submitted a number of papers from that bureau. The first was a lecture upon "Carcinoma of the Breast," by Dr. Hall, of Chicago. Dr. Caine next presented a paper on "Internal Strangulation of the Lesser Intestines." Both of which were briefly discussed.

Dr. Pratt introduced a resolution to the effect that every member of the Association who took part in the discussions should be furnished a copy of their remarks by the publishing committee for correction, and if not returned in thirty days it should be optional with the committee whether their remarks were published or not; carried.

The committee on credentials reported the names of Dr. James A. Campbell, of St. Louis; Dr. S. P. Parsons, Dr. S. E. N. Hart, Denver, as new members just arrived.

The Academy then adjourned until 2 o'clock.

AFTERNOON SESSION.

The afternoon session opened with a paper upon "The Therapeutic Use of Hot Water," by Dr. N. A. Pennoyer, of Kenosha, Wis., which was followed by a brief address by Dr. Delamater upon the subject Mrs. Dr. Harris followed with a paper under the title of "Some Experience with Rhus tox."

Dr. R. B. McCleary, of Monmouth, Ill., was fined ten dollars for failure to present a paper.

Prof. Crawford, of Cincinnati requested permission to place a case of warty growth in the larynx for advice from the Association. He stated the case and was replied to by Dr. Campbell, of St. Louis, and Dr. Bascom, of Ottawa, Ill.

Business under the head of clinical medicine was then closed and the bureau of psychological medicine taken up.

Dr. Pennoyer, of Kenosha, Wis., read a short paper on the spinal ice bag and its use in spinal disorders.

Dr. Roby gave notice that the members of the Missouri association were requested to meet separately at 4 o'clock for the purpose of transacting business.

Dr. Delamater read a volunteer paper on two curious cases of nerve stretching.

Dr. Valentine, chairman of the bureau, delivered a short address in which he presented some strange instances of psychological cures.

The board of censors reported recommending the admission of Miss Addie Kesler, of Topeka, graduate of Hahnemann Medical College, Chicago; Miss Eolila Harding, Atchison, graduate of the same college. William Collison, St. Louis, graduate of London college, England, and George Dick, Topeka, graduate of St. Louis Medical College.

The bureau of ophthalmology and otology was next declared in

order and Dr. Phillips, of Cleveland, read an exhaustive paper upon "Injuries to the Eye and its appendages."

The following delegates who were absent yesterday arrived to-day.

S. B. Parsons, St. Louis; G. W. Foote, Galesburg, Ill.; C. H. Vilas, Hahnemann Medical College, Chicago; R. B. McCleary, Monmouth, Ill.; H. R. Arndt, Grand Rapids, Mich.; C. A. Hart, Denver; J. A. Campbell, St. Louis; Dr. Krester, Topeka; Dr. Harding, Atchison; Dr. Naff, Richland, Ia.; Wm. Simpson, State Medical Society of California, San Juan; F. VanLieu, Aurora, Ill.

Nine female physicians were in attendance upon the convention.

Dr. Vilas, of Chicago, presented an interesting paper upon "The Ophthalmoscope," and upon "The Chromatic condition of the Eye," with a lesion.

From the bureau of pædology Dr. Arndt, of Grand Rapids, reported no papers, but declared his intention of presenting a paper before the session closed. The chairman of the bureaus of pædology and ophthalmology were announced as Dr. Arndt and Dr. Vilas, respectively.

No further business was transacted, and the association adjourned to meet at 9 o'clock this morning, when the remaining bureaus will be heard from, the officers for the ensuing year will be elected.

The proposed excursion to Colorado had been given up.

THE PUBLIC SESSION.

The public session at Coates Opera House, took place and the addresses and toasts, most appropriately interspersed with fine music, were delivered before a very appreciative audience in the evening.

Dr. W. D. Foster, of this city, presided over the meeting, and in a few pat remarks introduced Mayor T. B. Bullene, who stepped forward and delivered the following pleasant and piquant welcome to Kansas City.

MAYOR BULLENE'S ADDRESS:

I thank you, Mr. President, for this introduction to a Kansas City audience, but perhaps it is more necessary for our friends from abroad to be assured that this is Mayor Bullene than the residents of our city.

A few days since my friend, Dr. Baker, met me on the street and maliciously thrust into my hand a small circular containing the following legend: "Formal Address by Mayor Bullene." Well, the thing looked innocent enough on the face of it, and in an evil moment I said all right. You see, the malice of the thing had not dawned upon me. I now see that the design was to blight my hopes of reelection next spring. But in the deluded idea that there was nothing sinister in it, I commenced the labor of preparation—for the formal address of welcome. I did it and there were periods in it that would have caused Evarts to grow green with envy, and it ended with a peroration that would do your soul good. Well, I brought that formal welcome address here last night and the meeting was adjourned.

I took it home in disappointment, and read it to my wife, and asked her how she liked it. She said it was nice, but thought Warner or some of those fellows were to deliver the Fourth of July oration. That fixed it, I did not bring the formal address here to-night, and hoped for that you are all sufficiently grateful. I gave it the city physician, told him it was a general order for the conduct of the hospital and told him to read it to the patients. He did it. One died.

But, Mr. Chairman, I may say in the absence of the formal address, that I give you earnest assurance of welcome to the terrace city. It is, I assure you, an especial pleasure, for there is a salutary influence in your presence, an influence so healing than it may be likened to nothing but a new republican administration.

I admit, Mr. President, to an agreeable disappointment in beholding a body of men, all of whom seem to have drunk of the fabled fountain, and who have indeed seem to scarce to have passed the meridian of their days. You see, Mr. President, my ideas of the typical doctor were entirely derived from the newspaper pictures, all of which seemed to give the idea of people "whose big, manly voice has changed again into the childish treble," and with hose a world too wide for their shrunken shanks, and with flowing beards, upon which the snows of four score years had drifted, and to corroborate this impression, I found in the cyclopedia a picture of the only doctor in the book, and who seems to be the father of all of you—one of venerable aspect, who carries in his hand a staff twined with two serpents. And right here I will remark that why he "packs" those two snakes round with him I am unable to tell, unless indeed it may be that it is the emblem of his authority to eliminate from the boots of the festive Kansas Cityan, the serpentine congener of the "golden age." I said I was agreeably disappointed in seeing in place of those venerable types of your profession a delegation so vigorous, because, of course, our salubrious hills do not afford a field for your vocation, and we know little of doctors. And while I hope most of you have "come to stay," I am obliged to recommend you to other pursuits than your profession, say real estate or drugs, for there is a fair trade here in drugs, to the people, you know, on the other side of the line in Kansas, and as over there snake bites are of frequent occurrence, it might afford a fair field for your *Caduceus* on the *similia similibus curantur* principle. But our own hills are so salubrious that I was thinking of importing a few cases of small-pox to give my appointee as city physician a start in business. I admit that we have occasional family episodes, as Artemus Ward calls 'em, in which the old family *Æsculapius* is called in to preside, and hope that this honored observance shall not cease, as I think they were originated with special reference to the encouragement of your craft.

But more seriously, Mr. President, in the absence and abandonment of that formal address of welcome, if I can add anything in my poverty of speech which shall give you any assurance that your scores of friends in your two day's stay in our midst have not already conveyed

to you, I will do so most cheerfully and sincerely. I hope your stay among us will be pleasant, and that your recollection of us will tend to your return, and

"In far future days, I deem,
Through all our hearts shall these fair memories rise
As shadows of some pleasing, fading dream,
Or golden visions of our sunset skies." [Applause.]

ADDRESS OF THE PRESIDENT.

President McAfee, then, in behalf of the Academy, said :

MR. MAYOR: After thanking you most sincerely in behalf of the body I for the time being represent, I hardly know what further to say in response to your kind and generous welcome.

We as an organization have looked forward with a great deal of pleasure to the time of our meeting in your enterprising and prosperous city.

Coming together yearly in the different states embraced in the territorial limits of this Academy, not as a matter of pastime and recreation, but for the more earnest and important work of advancing the medical profession, we were naturally attracted and drawn to this future metropolis, not on account of its advantages of location and access, but on account of the vim, the push, the active and progressive spirit which has characterized its history hitherto, made it the just boast of the state in which it is built, and the pride of the nation at large.

We felt certain that in a city thus renowned, the representatives of any cause which had at heart the welfare and advancement of the race, would find hearty sympathy and encouragement. We realize the importance of coming in contact with a community, and forming the acquaintance of a people, actuated by such noble and determined purpose, and we feel this moment that it is good for us to be here.

And furthermore, we hope the benefits which may accrue from our meeting in your city may not be wholly of a temporary nature, or shared and enjoyed by us alone, but that to all in any way concerned may they prove mutually agreeable, advantageous and lasting. [Loud and continued applause.]

LADIES AND GENTLEMEN : To be chosen presiding officer of so eminent a body of assembled intelligence as this, I regard a most distinguished honor, and were I conscious of being able to discharge the duties of the position acceptably to you, and to say something at the opening of this session that would in some measure equal in weight and profit the import and importance of the business that has called us here, I should be happy indeed.

Relying, however, largely upon your good will, and trusting much to your charity and forbearance, I hope by earnest and conscientious endeavor to so discharge the duties devolving upon me, as, if not to add, at least not to detract from the interest of this occasion.

Let us not be unmindful of the agreeable circumstances under

which we have met. Representing as an association the largest and richest portion of the globe in facilities for every kind of human development—young, ardent and hopeful—prepared as a strong man to run a race, with a vast, auspicious future before us, we have met to-day in this new and far-famed city of such stupendous growth and prosperity as not only to be recognized as representing by its activity and vigor the true type of American civilization, but at the same time unmistakably indicating the “course of empire” in its westward march, and foreshadowing the power and grandeur of times to come. Amid such surroundings we cannot fail to observe in this association and in the place of our present welcome a most gratifying similarity in purpose and enthusiasm, or fail to realize a most encouraging reciprocity of sympathy and aspiration.

Assembled then as Homœopathic physicians, and permitted, (geographically speaking) to occupy so commanding a position in the vanguard of human progress, what more useful and appropriate disposition could be made of the time allotted to the opening address than a brief consideration of the question as to whether in the medical world and especially in our own country, Homœopathy, as a school of medicine, should not, and does not, occupy a similar position.

No system, medical or otherwise, that has ever been established and operated by man, can truthfully lay claim to a more purely scientific, or a more profound philosophical origin than the system of Homœopathy.

It resulted, as we well know, from a long, persistent and laborious course of study, coupled with a conscientiousness and willing sacrifice hardly surpassed in all the many instances the world affords of personal intellectual struggle.

SAMUEL HAHNEMANN.

Samuel Hahnemann's character, entirely dissociated from the subject of medicine, is well deserving of study, by reason of his great industry and perseverance, his unquestioned integrity and noble devotion to truth, but legitimately and closely associated with that subject, as it must ever be, his name becomes one of the most prominent in the annals of the race.

Born in the most humble circumstances at Meissen, a small town in Saxony in 1755, he early displayed so ardent a love of letters that the head master of the college gave him free advantage of that institution, of which he availed himself until he was twenty years of age.

He then went to Leipsic with twenty crowns in his pocket as his sole fortune to pursue his medical studies.

There he maintained himself by translating works out of Latin, French and English into German.

By industry and prudence he saved money enough to enable him to visit Vienna, and continue his studies there for a time under the direction of a learned and celebrated doctor.

He received his diploma as doctor of physic, at Heidelberg in 1781.

The same year he was appointed district physician at Gomehn, taking charge of a large hospital and continuing his studies in chemistry and mineralogy with all the ardor of an enthusiast.

In 1784 he removed to Dresden, and soon afterwards abandoned the practice of physic in disgust and confined himself to his private researches in chemistry and literature.

The following year, while translating Cullens' *Materia Medica*, his attention was arrested by the insufficient explanation advanced in the work, of the cure of ague by Cinchona bark.

By way of experiment with this substance upon himself, the principle upon which Homœopathy is based, first dawned upon his mind. "That in order to cure any diseased affection, we should apply a medicine having power to produce a similar affection in the body of a healthy person," a truth brought to light and a principle established upon the theory of induction, and since confirmed by the highest and most authoritative scientific tests.

At that moment, as regards the discovery of the true art of healing, Hahnemann, like Archimedes of ancient Syracuse, when he ascertained how to test the value of the king's crown, might with equal propriety have run through the streets, having loud upon his lips the ejaculation of that philosopher.

After continuing his experiments for a time, and having by a thorough examination of the records of medicine found sufficient evidence of well attested cures effected by single remedies, Hahnemann's next step was to publicly propose to apply this new principle to the discovery of the proper medicines for every form of disease.

This announcement, which first appeared in *Hufeland's Journal* in 1797, as a matter of fact, involved a greater innovation upon accepted theories of medicine than had ever before been made in the history of that science.

It revolutionized the profession; set at naught the old shallow modes of practice; trampled under foot chronic superstitions, prejudices and conventionalisms, and opened and made plain the way to a much needed and radical reform in the then existing system of therapeutics.

As a natural consequence the event caused great commotion and controversy, and Hahnemann soon found himself vehemently attacked and vigorously opposed by nearly all the medical giants and lilliputians of the day, without distinction of rank, character or capability. But his long and faithful preparation, his complete knowledge of all branches of the subject, his great scholarship and profound philosophic mind, rendered him fully equal to the emergency. No man of his time in such a controversy, was better fitted "to make truth appear where it seems hid."

For the next few years he was occupied in vindicating his position, demonstrating his theory, and formulating the system now known as Homœopathy. By the closest observation, the most careful and critical experiments, often upon himself, and publishing essays and dis-

quisitions in the different periodicals, but more frequently in *Hufeland's Journal of Medical Art*, until 1805, when he published two volumes entitled "Fragments concerning the Arbitrary Power of Medicine," and two pamphlets, one on "*Æsculapius in the Balance*," the other on the "*Medicine of Experience*," which last one proved the excellent precursor of the great work, a most elaborate treatise published in 1810, entitled, "*Organon of the Rational Art of Healing*," in which the new doctrine was reduced to a system and methodically illustrated. A book which for scientific grasp and philosophic insight takes rank among the first of the kind that has appeared in the world; a work which has been translated into all European languages as well as into Arabic, and which for fulness and completeness is generally and properly enough called the "*Bible of Homœopathy*." While these and other works of the author were silently working their way over Europe, Hahnemann himself was experiencing the usual fate of the world's benefactors.

Different kinds of opposition attended him all the way along, some of which proved very disagreeable and often troublesome. He believed experiments to be reliable must be carried on by the experimenter, and having selected a remedy he prepared and administered it with his own hand. This brought him in collision with the apothecaries, who complained that he was robbing them of their occupation, and who by combining their indignation often forced him to leave the place in which he lived. But nothing could turn him from his course; he kept right on, "diligent in business, fervent in spirit," like one conscious of serving the truth.

In 1811 he took measures to found an institution in which young physicians might be instructed theoretically and practically in his method of treatment, but finding no support, in order to accomplish something in that behalf, he became himself a teacher in the university. Other and important productions from his pen followed the *Organon*, and by the year 1821 he had published a record of sixty-one remedies proved by himself, or under his immediate direction.

Up to this time Hahnemann had been the sole embodiment of Homœopathy, and through him only had it become recognized as a distinct method of cure. But now a new era was to open in its history and development. Hahnemann was no longer obliged to "bear the heat and burden of the day" alone. His pupils had become doctors of medicine, evincing a ready willingness and ample ability to take a hand in the good fight. Inroads upon the ranks of the Old School now began, taking therefrom as practitioners many of the most intelligent and skillful. And from this date Homœopathy in its literature and in its application and efficiency as a healing art, began a career of prosperity and growth which has resulted in its present recognition as one of the most important factors in civilization.

Although Hahnemann saw that worthy hands were taking hold of the cause, and adherents from conviction and conversion were daily on the increase, and that, too, from the more intellectual classes

(which, by the way, has always been a noticeable feature in the history of Homœopathy), he nevertheless toiled on with his old zeal, revising his works, perfecting the *materia medica*, discussing through the press the points raised, and answering the objections made continually by the clamorous and noisy opposition.

It was the force of Hahnemann's inexorable logic which brought him into such fierce collision with the defendant of existing theories.

He was irrefutable, because his arguments were based on exact experiments, and that is the chief reason why he or any other reformer ever made enemies.

This animosity to unanswerable logic has been transmitted to the third generation, in the form of bitter partisan hatred of the New School, but now in process of great modification.

In an address of this kind of course only the briefest outlines can be attempted or given of the history of the foundation of Homœopathy, but enough has been said, I trust, to show the injustice of carping and detracting criticism, as to the circumstances and character of its origin. I might have omitted this biographical sketch entirely were it not for the fact that when any of the Old School make an attack on Homœopathy, they always begin with a gross misrepresentation of the life and character of its founder.

It is also very gratifying to be able to remark in this connection that Hahnemann, in view of all he attempted and accomplished in medical reform, lived long enough to see the theory of *similia similibus curantur* recognized by many of his most learned contemporaries, not only as a fixed fact in medical science, but as effecting a most radical and salutary reform in therapeutics, and foreshadowing the new and perfect *materia medica* we now possess. Dying in 1834 he was not only greatly lamented on account of his unblemished purity of morals, and the strong natural piety which characterized his life and writings, but universally acknowledged to have displayed great genius, industry and erudition.

JEAN PAUL RICHTER,

one of the most eminent writers of his or any other age, calls him "a prodigy of philosophy and learning." As a noble incentive and worthy example his life should be studied by us all, and his name deserves to be held forever in gratitude and admiration by the whole human race.

So much for the cradle in which Homœopathy was rocked. But like every other truth in science, politics or religion, that has ever taken permanent root in the world, in the beginning it caused strifes and envyings, and was forced to work its way against established authority and custom, and against ignorance and prejudice, consequently in Europe its acceptance was tardy, its growth slow. There the tendency was to keep under subjection and restraint, and often to crush out the means by which new truth is best promoted and ad-

vanced, viz., personal liberty, general education, freedom of thought and debate, the recognition of conscience as a guide, and the right of private judgment; while to secure, encourage and foster the means was the opposite tendency here.

Such is the nature of monarchical and republican governments as contradistinguished from each other; and although Homœopathy in its literature and applied principles steadily advanced in Germany, and has since spread all over the civilized globe, its grandest field of operation, its most brilliant and successful career has been in the United States. Since its introduction a little over fifty years ago, excepting the short time it took to get under way, it has kept pace with all the great interests that have been at work here, and by which our wonderful development as a nation is now measured.

LITERATURE OF HOMŒOPATHY.

In 1826 the literature of Homœopathy consisted solely of a much abused and ridiculed pamphlet of twenty-four pages. It had one practicing physician only. Organizations of any kind it had none. To-day in organizations it is represented by colleges and special schools, hospitals, dispensaries, medical societies, national, inter-state, state, local and miscellaneous to the number of nearly three hundred; in practicing physicians between six and seven thousand. In its literature it is represented by books, pamphlets, journals and directories, bearing exclusively upon the subject, to the number of nearly one thousand, if not more. These figures show a development truly marvelous, and taking into consideration the liberal patronage and general prosperity attending our physicians, and acting on the principle that a "tree is known by its fruit," no promoters or representatives of any cause in this country have greater reason for satisfaction or better ground for encouragement, than ourselves.

It is also a fact worthy of notice that during the last decade when scientific studies and researches in every direction have been pushed with the utmost vigor, the

GROWTH AND ADVANCEMENT

of Homœopathy, has been the most rapid.

The Homœopathic doctor has become a necessity wherever medical treatment is needed. From the bedside of the sick in the president's household, down to that of the humblest cottage in the land, he may be found to-day attending as the family physician.

There can be no question, but that the great and good work which we are conscious is now being done by our school, is owing largely to its remarkable adaptation to the spirit, the needs and requirements of the age. There is nowadays a manifest tendency against the recognition or tolerance of quackery and pretention in the practice of medicine. Society is beginning, by legal and other means, to rigidly

set its face against both. Knowledge of proper remedies and proper treatment of the sick, based upon recorded experiments and experience, authoritative and careful are fast taking the place of empty guess work derived from the curriculum of a drug store, or from a few months of private study, and mysterious or supernatural endowment of medical skill. Planted upon free inquiry and free exercise of individual judgement, scientifically true, and practically efficient, Homœopathy, on this foundation, has already worked its way among all classes of society, and into all circles of intelligence, and on the principle of the "survival of the fittest," is destined, I believe, in all the future, to stand first among the medical schools of the world.

But this result will depend in no small degree upon one other consideration which I desire to notice, and that is the character and make up of the profession itself. There is no position more important or responsible, if so much so, as that of a physician. He can do more good or more harm than any other member of the community. He knows more of the private history of his patrons than any one else.

From birth to maturity, from maturity to the grave he is more or less necessarily acquainted with the secrets, the troubles and afflictions of mankind.

The nature of his office imposes upon him the most weighty and serious responsibilities. There are, it seems to me, five indispensable requisites to insure a successful career as a physician, and enable one to contribute to the grandeur and glory of the medical profession; good judgement, cleanliness, honor, enthusiasm and experience. More than these are needed, but these he must have.

What John Brown, of Haddington, once told his pupils it took to make good preachers would apply very well to the making of good doctors. "Young gentlemen," said he, "Ye need three things to make ye gude preachers, ye need learning, and grace, and common sense. As for learning we will try and put ye in the way of it here; as for grace ye will have to pray for it, and as for common sense, if ye have nea brought it wi' ye, ye may as weel go about your business."

To be neat in his personal appearance, in the putting up of prescriptions, and in his general equipments is one of the first duties of a physician.

Slovenly or careless habits about his medicines and about his dress, go far to neutralize the best talents, and nothing is more repulsive to the sensitiveness and delicacy of the sick room than uncleanness. So also the doctor must be one on whom the people can fully rely. Honor is the main pillar of his strength (as it is of every other man.) The confidence of the community is a safe and sure guarantee of its patronage. Enthusiasm he must have, which springs from a love of the profession, not so much for the money he makes as the cures he effects by the exercise of patience and skill. It is furthermore a physiological and metaphysical fact that a despairing countenance and sepulchral tone of voice in a physician impairs seriously the virtue of the medicine

he prescribes. Enthusiasm renders him full of hope and good cheer and keeps him awake and on the alert to detect every new development and symptom and fits him as nothing else can, for those critical emergencies he is continually called upon to meet.

In every occupation, experience is the most unerring and accurate guide ; as a rule there is no profession but can admit more safely into its ranks those of middle life than ours ; and if there is one profession more than another that ought to be made a life work, it is the profession of medicine.

The Bible tells us, "It is good for a man that he bear the yoke in his youth," especially, we may properly add, if he is a physician. Experience in medicine, like blood in the Derby races, is what tells.

Two things more I desire to enjoin : first, the duty of every physician of our school becoming a member of one or more of our medical organizations, and making it a point always to be present at the regular meetings, and contributing in every way he can to their interest and prosperity. The advantage of such intercourse is not only too apparent to be dwelt upon, but cannot be over estimated ; and second, a determination to keep up as far as possible in his reading with the advancement of medical science in discoveries and improvements, pharmaceutical and surgical, and to contribute in every way he may be able to the growth and value of our literature. Thus shall the world come to realize the fact that like the white plume of Henry of Navarre, which was always on the road to victory, so the banner of Homœopathy always indicates the true way to health, happiness, progress, and long life.

As Homœopathic physicians we have this advantage over our opponents : We are united on the fundamental principles of our system, which are formulated and understood, and we believe what we practice. While some of them indicate the strength of their faith in the statement of one of their most eminent representatives, that their *materia medica* is a Pandora's box, and if thrown into the sea it would be better for mankind, but worse for the fishes ; we, on the other hand, hold rather the exact opposite view in regard to ours, believing it to be the key that unlocks the virtue and potency of drugs in the cure of disease.

And while others strive to maintain that there is nothing systematic, methodical, scientific or intelligent in any theory of cure save that of the Old School, we meet their attempted depreciation and ridicule, not with empty retaliation of mere words, but by actual and practical accomplishment, and point them, and all others who may wish to be enlightened on the subject, to what we have done and are doing in the matter of alleviating pain and healing the sick. There is nothing so successful as success, and

THE BEST PROOF

as to whether there is anything genuine or efficient in Homœopathy as a healing art, is to consider its origin, its growth, and its present standing in the world, as shown by the character and number of its patrons and adherents.

Mere verbal epithets are of little consequence when arrayed against facts and figures. The fruit of this kind of success is continually manifesting itself in various ways, and quite recently, in a most noticeable modification of the feeling and spirit which has heretofore influenced certain leading representatives of the Old School to sneer at Homœopaths, and refuse to recognize or consult with them. At a meeting of the New York Medical Society not long since there was effected in the ethics of medical practice a most important change. A new code was adopted for the guidance of the faculty, permitting a physician of the "Old School" to consult with any physician of the other schools in good standing he may choose, an honor very few societies would take the liberty of voting upon themselves, but, as our motto is progression, we will accept the situation, as we wish to do them and their patients all the good we can.

A leading non-medical journal, commenting on this action, says: "This is a wise and timely measure." In the eyes of the law both schools have the same privileges and standing. There are well conducted state Homœopathic as well as Allopathic asylums and hospitals; there are regularly chartered colleges of both schools, and it is high time that arbitrary distinction should be at an end.

All this is significant as showing how Homœopathy is taking root in the world, and securing the respect and consideration of its opponents, by attending legitimately and wholly to the perfecting of the art of healing.

Representing a system of medicine grounded in demonstrated truth, personal faith and public confidence, let us as physicians press on to the mark of high calling.

We have already seen what great things have come out of small beginnings. It is as true of a system as of individuals. Like the gigantic oak with its stupendous trunk and multitudinous branches towering to the skies, but which first started in the small acorn, so Homœopathy started and grew to be what it is to-day—a great and beneficent power in the world.

"From the tiny spark kindled in Hahnemann's little house at Leipsic," in the eloquent words of our lamented Dunham, "Homœopathy has become a great beacon light, illuminating every quarter of the globe. From the solitary promulgator of the reform in Germany, her advocates have become a host in themselves. From her tiny beginning in 1810 Homœopathy has come to have to-day her thousands of practitioners and her millions of adherents, not so much by virtue of the special cogency of the reasoning by which her claims were supported, as through the visible effects of her practice upon the sick."

This practical argument has just weight with the people, and in proportion to liberty of thought and action among them, and among practitioners, has been the rapidity of her growth.

It is no ways likely that all truth has been brought to light as to the nature, power and use of drugs by the Hahnemannian theory, nor the best possible *modus operandi* discovered and adopted for the treatment of every form of disease, but with every step in the development of Homœopathy there has been associated the true progressive spirit, and as regards successful accomplishment both individual and collective, we have great reason to congratulate ourselves and our adherents upon what has been secured to us in the past, realize to us in the present and rendered probable to us in the future. Homœopathy as a school of medicine has already entered the broad highway of success, and is now well on the accomplishment of a grand mission, destined we doubt not to bestow its remedial and beneficent influence upon all the coming ages; and recognizing it as we must, and believing it as we should, so essential and indispensable to the welfare of humanity as a healing art, let us, its special representatives and ordained exponents, by honest and determined efforts, make sure that it receives in our day and generation a new impetus by our zeal, fidelity and devotion. [Applause.]

The orchestra, then in perfect time performed the "Violet Waltz."

BANQUET.

After this came the feast of reason and flow of soul.

Dr. L. Pratt, of Wheaton, Ill., was chosen master of ceremonies, and announced the toast, "So-called Irregular physicians," which was responded to by Prof. J. M. Crawford, of Cincinnati, who said he supposed the word irregular referred to the Homœopathists, and then criticised those who applied the title to them because they had forsaken the beaten path and taken the road of progression.

"Professional Relations, that Cement Which Should bind us in Fraternal Union," was responded to by Dr. G. A. Hall, of Chicago, who said he regretted he could not agree with the sentiment of this toast. Partnership he termed the meanest of all ships a person ever sailed in, especially physicians. Why physicians never could agree he could not understand, and called selfishness and jealousy the most miserable and contemptible of all feelings. Could see no reason why all professors of the healing art should not work shoulder to shoulder. Had often thought that the more patients a physician killed legitimately and scientifically it was the better for him, as it brought his name into notoriety, but he did not believe in it, but thought the three cardinal principles of the profession should be: 1—Do unto others as you would have them do unto you. 2—Love thy neighbor as thyself. 3—Snatch from the portals of the heart jealousy and plant there the standard of manhood and integrity; and with these they would be beloved by both enemies and friends.

The orchestra performed selections from the "Mascotte" and the toast, "Our President—May his professional usefulness increase with his corporosity," was next announced, and Dr. H. W. Bascomb, of Ottawa, Ill., said the subject was a large one, and one year ago that large Academy of Homœopathists were invited by a large number of people of this large and prosperous city to hold their session here, and they had selected a president with a large body, mind, heart and success. Forty-nine years ago the president was of less size, but, to use a much quoted expression, and express what I believe to be the sentiment of every number of the Acanemy. "May his shadow never grow less."

Dr. L. Pratt responded to the toast, "Homœopathy—Our Distinctive Name." He said he took pleasure in saying a word in favor of the toast, because it had been suggested by some that we drop the distinction, but he believed in it, and had yet to learn of an Allopath that worked upon any distinctive principle of practice, but every one of them went on their own hook. They have built so many houses that have fallen down that they expect the failure of the present one, and in conclusion, he said the opposition school referred to the Homœopaths as of no more importance than was expressed in the epitaph to the African baby :

"Here lies a little nigger,
If he'd lived a little longer,
He'd have been a little bigger."

He was bitterly opposed to giving up the distinctive name, but it should wave upon the medical banner of Homœopathy.

"Our Literature—May its influence spread good all over the land," brought out Prof. P. G. Valentine, of St. Louis, who said that as he knew nothing of the subject, and by way of a stinging rebuke to the toast master for calling upon him, he would tell "how the Irishman found the hornet," and then in inimitable brogue he related the story, which brought down the house.

"Our Eyes and Ears—May the former be ever open to discover disease and the latter prepared to hear the dictates of truth," was responded to by Prof. Vilas, of Chicago, who stated that when he first studied the subject there was only one specialist in the Homœopathic profession, and now you could notice the grand strides which the subject had made in the last ten years, beside the Old School which had been enriched from the stores of their information.

The toast, "The Ladies of the Western Academy of Homœopathy," was briefly responded to by Dr. Harris, of Galena, Ill., who paid a beautiful tribute to the refining influence of the ladies, by way of what she termed a short sermon.

Dr. Pratt then thanked the audience for their kind attention, and hoped they had heard something to reflect upon, and the meeting adjourned.

THE THIRD DAY.

At 9:30 A. M., the delegates assembled, and after the transaction of considerable routine business the bureau of *materia medica* was opened.

Under this head Mrs. Dr. Susan S. Pears, of Kansas City, read a paper, which was not discussed.

No paper was presented by the chairman of the bureau of obstetrics, which had been made a special order for the day, and none was presented from the bureau of *gynæcology*, and both were declared closed.

On motion of Prof. Campbell, of St. Louis, it was voted to hold the next annual meeting at Milwaukee.

The following gentlemen were then appointed chairmen for the ensuing year of the several bureaus: Obstetrics, Geo. S. Walker, St. Louis; *gynæcology*, L. Pratt, Wheaton, Illinois; *materia medica*, T. M. Crawford, Cincinnati; pharmacy, Dr. Gross, Chicago; sanitary science, —.

A motion by Dr. Delamater that the chairmen notify the members of their respective bureaus concerning the topic to be treated by them not later than one week before the next meeting, was carried.

The election of officers was then gone into with the following result:

President—Dr. Baker, of Davenport, Ia.

Vice Presidents—Drs. Crawford, Pratt and Roby.

Secretary—Dr. C. H. Goodman, of St. Louis.

Provisional Secretary—Dr. J. C. Willard, of Jacksonville, Ill.

Treasurer—Dr. G. W. Foote, Galesburg, Ill.

As chairman of the committee on the president's address, Dr. Hall reported as follows:

The committee having discharged their duty, would respectfully report that they find the able address of the president an exception to the general rule. It is tempered throughout with that spirit of liberality and justice which marks the man and physician. Feeling that it will be read with interest and profit by both the laity and profession, we therefore recommend its publication in the next volume of the transactions of this Academy.

[Signed]

C. H. HALL,

P. G. VALENTINE,

N. B. DELAMATER.

On motion of Dr. Hall a resolution of thanks was voted to the local physicians, the press and to Col. Coates for courtesies extended to the members of the Academy during the convention.

On motion of Dr. Foote the time for holding the next meeting was left to the discretion of the executive committee.

On motion of the same gentlemen Drs. Vilas, Everett and Foote

were appointed as delegates to the meeting, of the American Institute at Niagara Falls in June, 1883.

Drs. McAfee, Arndt, Vilas, Abell and Pennoyer were then elected a board of censors, and after voting thanks to the officers for the faithful manner in which they had attended to their duties during the past year, the convention adjourned to meet when the executive committee shall call the western profession together in Milwaukee.

AMERICAN PÆDOLOGICAL SOCIETY.

DISCUSSION ON BRONCHO-PNEUMONIA, FOODS, AND DIPHTHERITIC CROUP.

The third annual session of the society began at Indianapolis, June 14th, 1882, at 9 A. M. The president, Dr. Lillenthal, being absent in Europe, and the vice president being unable to attend, Dr. Tooker, of Chicago, was called to the chair.

After the reading of the minutes of the previous session, the names of Drs. M. M. Eaton, Cincinnati; S. P. Hedges, Chicago; Lemuel C. Grosvenor, Chicago; and Anna Warren, Emporia, Kansas, were presented by the board of censors, and were elected to membership.

An able paper on Capillary Bronchitis, by Dr. Martin Deschere, of New York, was then read. Dr. Owens, of Cincinnati opened the discussion. He maintained that the leading indication for Aconite was restlessness; for Ipecac, in this disease, asthmatic breathing, and for Phosphorus, aggravation by any sudden change of temperature, whether from warm or cold, or *vice versa*. This indication for Phosphorus should never be forgotten.

Dr. Mills of Chicago, considered Kali bich., a very important remedy. Wheezing respiration without an actual asthmatic condition was a leading indication. Usually gave the 200th. In Ipecac, there was great neurotic disturbance.

Dr. Duncan had given this subject much study. It was his opinion that capillary bronchitis should not be classed as a distinct disease. In his early practice he met many cases but now concluded that it was rather the third stage of broncho-pneumonia. The history of the case is then the best guide in diagnosis. He gave a diagnosis in the various stages of this disease differentiating it from acute and chronic bronchitis and croupous pneumonia, and gave indications for a number of remedies.

Bronchitis acute was ushered in with fever and often Aconite cut it short in a week. But in this disease the fever did not appear till the lesser bronchi were involved which was a longer or shorter time, usually about a week. The fever was more apparent at night. Here Aconite was not indicated but frequently Bell., cut it short. Then

came Hepar or Kali carb. (this year). Kali bich. was not often called for, sometimes later when the tough phlegm caused gagging it was of great service. Here Ipecac was of service especially if the nausea was more marked. Tart. em. was sometimes called for, but not very often except in very flabby children where there was a large quantity of mucus, as to work out of its mouth while asleep. Bell., Hepar, or Kali carb. were the chief remedies in this third stage of broncho-pneumonia or so-called capillary bronchitis, and hasten the fourth stage or resolution. Here we frequently meet great prostration, anorexia and restlessness from cerebral anæmia, with its well known head symptoms. Now the Allopaths say the disease has gone to the brain and give Bromides, or Opium with fatal effects. To tide the child over this stage or to avert it, Kali carb. or Arsenicum were the chief remedies in the hands of Dr. Duncan.

Dr. S. P. Hedges thought the paper a very fine one. He considered the disease a very formidable one, and differed with Dr. Duncan as to the pathology and history. He believed it might be acute, and even be developed in a single night. Cases should be watched very closely, and the respiration and pulse anxiously counted, for the more frequent these are, the greater the danger. He had had most satisfactory results from the use of Belladonna in this affection, and considered Belladonna and Tartar emet. next to Aconite, the leading remedies.

After remarks from several others, the society adjourned.

AFTERNOON SESSION.

The subject of Capillary Bronchitis was again taken up. After various remarks by different members upon the nomenclature of the disease, and its relation to pneumonia,—

Dr. Eaton thought he had certainly seen pneumonia in infants. Though it made little practical difference whether we named the disease capillary bronchitis or pneumonia. The treatment would be as indicated in either case. Though cases were apt to be more or less complicated. When the stomach and bowels participated, Nux vomica was apt to be highly beneficial, especially if there was much fretfulness, loss of appetite, and more or less cough.

Dr. Cowperthwaite saw no necessity for differentiating between these two when speaking to patient and friends, since few were able to comprehend the difference, and when speaking to laymen, generally called both lung fever. In treating capillary bronchitis had used Tartar emetic with excellent results.

Dr. Tooker related a case of lobular pneumonia in a child two years old, and gave his reason for the diagnosis. He spoke of the frequent changes of pulse and temperature, as indicative of pulmonary difficulties, especially in small children.

Dr. Eaton approved of Tartar emet. as an important remedy.

Dr. Armstrong related a case of capillary bronchitis occurring as a complication of whooping cough in which respiration, when he was

first called, ranged from 110 to 114 per minute, and for several days thereafter, at 90 to 98, and which finally recovered. The remedies which seemed most beneficial were Tartar emet. and Lycopodium. The fan-like motion of the ulæ nasi being the indication for the last named medicine.

Drs. Mills, Cranch, Hedges and others also participated in the discussion.

EVENING SESSION.

After the close of the evening session of the American Institute, the society again met at 11 o'clock P. M., Dr Eaton acting as secretary in Dr. Armstrong's absence. About thirty were present.

Dr. Tooker presented and read an instructive paper on "Cereal Foods for Infants."

Dr. Grosvenor mainly used Horlick's food, and oat meal without sweetening.

Dr. Owens abominates artificial foods. He deprecates the use of potash which they contain, as he had known of many serious results from their use.

Dr. Duncan says that soda is now used in Horlick's food instead of all Potash, as Liebig recommended. In Germany where there is so much Soda in the air this might not be necessary but here it was otherwise. He spoke highly of the food.

In reference to microscopic analysis made by Dr. Cutter, he said that it was of little value. Gluten was the standard of food for adults but milk was the food for children. Foods were only valuable as they aided the digestibility of milk.

Dr. Eaton believed in consulting the child's taste. Let them eat what they want. Anointing with sweet oil is sometimes a means of nutrition. Sometimes the young puny child will begin to flourish under the sucking of boiled fat pork.

Dr. Mills has had good results from Horlick's food.

Dr. Peck advocated Horlick's food. Ridge's food was not a favorite with him.

The discussion was continued until 1 o'clock, A. M., when the society adjourned.

SECOND DAY.

Another meeting was held at 2 P. M. Drs. J. C. Lewis, Frankford, Philadelphia; T. Franklin Smith, New York, and George M. Ockford, Vincennes, Ind., were elected to membership.

Dr. T. C. Duncan then gave synopsis of his paper on Diphtheritic Croup, which was followed by a short discussion, in which most of those present took part. The points made in the paper were that this is a combined disease and that the croupal remedies were the most successful. In diphtheria the key to the case was to control the fever.

while in croup it was to control the exudation. Kali bich., Tart. em., and Iodide of Lime were the leading remedies.

The following officers were then elected for the ensuing year.

PRESIDENT—Dr. R. N. Tooker, Chicago.

VICE-PRESIDENT—Dr. T. Franklin Smith, New York.

SECRETARY AND TREASURER—Dr. Lemuel C. Grosvenor, Chicago.

The censors comprising the old board were re-elected.

The society then adjourned to meet again on the day preceding the next annual session of the American Institute of Homœopathy.

W. P. ARMSTRONG, M. D., Secretary.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

A meeting of the International Hahnemannian Association was held June 13, at 3 o'clock, at No. 120 North Meridian street. The annual address was delivered by the president, C. Pearson, M. D., of Washington.

A number of letters were read from absent members, amongst which were those from Dr. Lippe, of Philadelphia; Dr. Berridge, of London, England; Dr. Nichols, of Boston; Dr. Swan, of New York, and Dr. Pomeroy, of Baltimore.

This association, though only organized two years ago, now numbers over seventy-five members, sixteen new members having been elected at this meeting, amongst which were Dr. Ehrman, of Cincinnati; Dr. Hague, of Chicago; Dr. I. H. Payne, of Boston; Dr. A. C. Farland, of Philadelphia; Drs. Arrowsmith, Bradshaw, Mahoney, White, and Walker, of England.

This association held several meetings with very profitable discussions. The officers elected are as follows:

President—Dr. C. Pearson, of Washington.

Vice President—Dr. J. P. Mill, of Chicago.

Secretary—Dr. Custis, of Washington.

Treasurer—Dr. E. Cranch, of Erie, Pa.

Board of Censors—Drs. Pomeroy, Ehrman, Lawton, Swan, and T. P. Wilson.

The president appointed the following as heads of bureaus: Clinical medicine, Dr. Gregg; materia medica, Dr. Bear; obstetrics, Dr. Haynes; surgery, Dr. Ostrom.

The association is entirely distinct from the institute, although several gentlemen are members of both. In fact, it is a sort of offshoot of the institute, that is not formally recognized by it.

A MEMORIAL MEETING.

THE LATE JOHN F. GRAY, M. D., L. L. D.

At a meeting of the Homœopathic Medical Society, of the County of New York, held June 14, 1882, the following remarks and resolutions were offered by Lewis Hallock, M. D., and adopted by the society and ordered to be published in the daily papers :

To Dr. John F. Gray is due by unanimous consent, the distinction of having been the first convert to the practice of Homœopathy in America, and the pioneer of the 6000 converts who now embrace and practice the law of similia throughout our land.

As early as 1827, the year after his graduation at the College of Physicians and Surgeons of this city, Dr. Gray became acquainted with the principles of Homœopathy through the successful treatment by Dr. Gram of a patient whom he had long in vain tried to cure, and at once began to investigate and test the new method of practice. This investigation resulted, as it has since in the history of many of his followers, and as we believe it would in nearly all intelligent physicians who will carefully and candidly make it, in accepting and practicing this new and better system.

The example and success of Dr. Gray soon awakened the interests and inquiry of his early classmates, and in 1829 Dr. Abram D. Wilson became the second convert, followed in slow succession by Drs. Hull, Channing and Curtis. Soon after these accessions Dr. Gray, in 1834, published the "*American Journal of Homœopathy*," and thus extended more widely the knowledge of the new practice ; but the number of subscribers were so small, and the time and labor required to continue his almost unaided efforts, so great, that the periodical was suspended at the end of two years. After an interval of four years, he resumed the publication under the title of the "*Homœopathic Examiner*," when he received the able assistance of Dr. Hull as associate editor.

To Dr. Gray, therefore, we are indebted for the first American Homœopathic literature, the previous few publications having been almost entirely in German ; this language he early learned by the advice and aid of Dr. Gray, that he might have access to the original source of instruction.

Until this period the principles of Homœopathy were little known, and its converts confined to half a dozen ardent young physicians whose new ideas of practice were regarded as visionary and ridiculous, and but little was said by them to their professional acquaintances, as I can well testify, for though often meeting Dr. Gray, after years of early intimacy, as fellow students and graduates of the same medical class, rarely was the subject of the new practice referred to, or efforts made to induce others to adopt it. Dr. Gray did indeed report the successful treatment of two or three inveterate cases by remedies new and unknown to the regular practice, at some of the

meetings of a small association, mostly members of our graduating class, termed the "Medical and Physiological Society," the records of which remain with me as its last secretary; but as little or no allusion was made to the theory of the treatment, they were regarded as cases of fortunate success and received little special attention. On one occasion, however, the president after our adjournment, inquired of Dr. Gray what induced him to give Arsenic for the cure of the *burning* symptoms in the case he had just reported; and added, if it was in accordance with the visionary theory of that German Hahnemann, "I advise you to have nothing to do with it—it is all a delusion—and is already about dead in Europe." The incredulity and opposition to the new practice thus foreshadowed, and the absence of an English literature to which they could refer early inquiries, doubtless prevented Dr. Gray and the few first pioneers of our case, from urging its importance upon the attention of their medical brethren; until the publication of the *Homœopathic Examiner*, in 1840, and the translation of *Jahr's Manual* and the *Symptomen Codex*, by Dr. Hull and the editor of *Laurie's Practice*, and other popular works; introduced an English Homœopathic literature to all candid inquirers. From that time converts to the new practice became more frequent, and soon Drs. Curtis, Channing, Cook, Taylor and Freeman (now all departed), and later, Drs. Bayard, Ball, McVickar and others of this city, including five of the class graduating with Dr. Gray, of whom Dr. W. C. Palmer and myself are believed to be the only survivors, were added to the number.

During those years of growth and struggle, Dr. Gray was, I think, by all regarded as a pioneer and leader of our cause, and his office was a rendezvous for frequent intercourse and consultation. All felt the need of mutual encouragement and support, for at an early period the bare report of a tendency to Homœopathy subjected the physician to loss of caste and character among his professional associates, excluded him from their fellowship, and turned friendship to enmity and aversion.

How great the change can hardly be realized by the Homœopaths of the present day, for now the waning opposition of prejudiced rivals is little feared and more than compensated by the respect and confidence of an appreciative community.

For this result, and the established success of our system of practice, the Homœopaths of this city are pre-eminently indebted to the early labors, and long and skillful practice of Dr. Gray, and we but respect and justify ourselves in recording his merits and doing honor to his memory. To give appropriate expression to these feelings, I beg to offer the following resolutions:

WHEREAS, In the allotted dispensation of Divine Providence, Dr. John F. Gray, the first convert and pioneer practitioner of Homœopathy in this city, has been removed by death, we, the members of the Homœopathic Medical Society of the County of New York, of which he was an early and honored member, hereby record our estimate of the character and usefulness of our departed brother, therefore,

Resolved, That the death of Dr. Gray removes from our midst not only the first American convert to the principles and practice of Homœopathy, but one whose early literary publications and subsequent prolonged and successful practice were pre-eminently useful in introducing and promoting the new and improved system of medicine, to which our lives and labors are devoted.

Resolved, That the example and influence of Dr. Gray were especially useful in leading and encouraging many of his professional associates to adopt the principles of Homœopathy, and thus extend and spread its blessings throughout our land.

Resolved, That we cherish and honor his memory as a talented and skillful physician, conscientious and faithful to his patients, prompt and clear in diagnosis, ready and decided in practice, an able and wise counselor with his brethren in difficult and dangerous diseases.

Resolved, That these resolutions be entered upon our minutes, and a copy be furnished to the relatives of the deceased.

Dr. H. D. Paine seconded the resolutions. In doing so he spoke of the death of Dr. Gray as an event of historical interest to every Homœopathic physician throughout the land. It marks an epoch in the progress of our school. At the mention of his name, the mind reverts to the fact that he was the first of American physicians to discover and appreciate the truth of the therapeutic law of Hahnemann. When we consider the present position of Homœopathy in the United States; its thousands of adherents, professional and lay—its colleges, hospitals, societies, and other institutions firmly planted in every part of the land—it seems almost incredible that all this growth should have been effected within the life of one man; that the first convert should have lived to see this marvellous change, and that, too, in the face of an opposition, determined, vindictive and uncompromising beyond anything similar in the history of the medical profession.

The man who took the initiative in the beginnings of this marvellous revolution is but just dead, and the resolutions just offered expressed, no doubt, the unanimous feeling, not only of this society, but of the great mass of our colleagues throughout the United States. Had Dr. Gray been a man less remarkable than he was, the obligations that we, as a body, owe to him as the pioneer of Homœopathy, would not be less than are stated in the resolutions now before us. Dr. Hallock has expressed in these resolutions and in his remarks, the feelings with which he is regarded by the members of our school, and the duty we owe to his memory on account of the part which he filled for so many years as its leading representative.

But Dr. Gray was a remarkable character who would have stood out from the ordinary ranks of men though he had never heard of Homœopathy. Earnest and fearless in the investigation of problems in nature and science, challenging his attention; frank and unhesitating in advocacy of his convictions; a quickly discriminating judgment, and a manner peculiar and bordering upon the eccentric; he would have been a notable character in whatever profession or position in life he had found himself.

Dr. Paine then gave a sketch of Dr. Gray's early life, and of the difficulties with which he had to struggle in the attainment of his cherished purpose to acquire an education, and to become a physician. Born in 1806, in a small town in central New York (of which his grandfather was the founder), one of a large family, comprising five sons, and with narrow means, and few facilities for learning beyond the district schools of the country, the prospect of the accomplishment of his ambitious desires seemed sufficiently remote. When about sixteen years of age he obtained, after much persuasion, the parental consent to make his own living and follow his own plans. The history of the next few years was one of hardships, privation and constant application. Avoiding the diversions of boyhood and every enticement to distract his attention from his one great aim, he steadily pursued his way, overcoming, one after another, the obstacles that appeared, but did not discourage him. His self-renouncing perseverance was rewarded, not only by success in acquiring an excellent classical and scientific education, but had made him influential friends. Armed with letters from Gov. Clinton, an old friend of his father's, and one or two others, and with a small sum of his own earnings in his pocket, he came to New York, in 1824, with a view of completing his studies at the Medical College. His letters were effectual in introducing him to Prof. Hosack and other leading members of the faculty, who soon became charmed with his intelligence, his studious habits and his close attention. The most rigid economy was absolutely necessary to make his little store sufficient for his expenses. He graduated from the College of Physicians and Surgeons, then situated in Barclay street, in the Spring of 1836, intending to return to the country to practice his profession. So nearly expended, by that time, were his scanty means, that it was a question whether he had enough to carry him home—then removed to the extreme western part of the state—when he fortunately was offered the position of assistant house physician in the New York Hospital, and a small salary therewith. At the same time, some of his friends in the faculty, evidently conscious of his unusual abilities, strongly urged him to remain in the city, promising their patronage and influence until he should become established. This promise was so well kept that, after the expiration of his engagement at the hospital, and upon putting out his sign in Charlton street, he soon found himself quite busy with an encouraging practice. His early marriage with a daughter of Dr. Amos G. Hull, happily determined his decision to remain in the city. So prosperous were his affairs that before the end of his first year he found it desirable to set up a buggy. Among the patients who had placed themselves under his care, was a Mr. Milsey, a merchant of New York, suffering from a long standing chronic malady, for which no physician had been able to find a remedy. After many interviews, his patient began to speak to Dr. Gray of a certain foreign and learned physician whose acquaintance he had made in his Masonic Lodge, and whose opinions about medi-

cine were so new and strange that he knew not what to make of him ; but that having become somewhat intimate with him he had spoken to him of his own complaint, and had been encouraged to hope for relief under a different method of treatment, but his friend had declined to prescribe without Dr. Gray's consent. The doctor declined a consultation, but advised his patient to accept his friend's services. This was in 1827. The effect of the experiment was so favorable, and withal so speedy and complete, that throwing aside his prejudices, Dr. Gray consented to an interview, which led to a mutual and life-long friendship. It is not necessary to add that this "Foreign Doctor" was Hans B. Gram, who though really born in this country, was of Danish paternity and education. After practicing medicine for many years in Denmark, he adopted the newly promulgated system of Homœopathy, and determined to return to America as an apostle and missionary of the new medical faith. He came in 1824, but until his acquaintance with Dr. Gary, he found no hearing from those, his medical brethren, who he vainly thought would receive his message with gladness, if not with enthusiasm.

Dr. Gray, with his sharp perception, quickly caught the essential features of this new method and saw the possibilities of a great reform, which, if true, it was sure to effect. To test the practical value of the system still further, he consulted Dr. Gram about many intractable cases, and administered the medicines that he prescribed. This was necessary, inasmuch as the few books upon Homœopathy yet published were all in the German language, which, at that time, Dr. Gray did not understand. Before many months, but not till after many anxious searchings of heart, he became so convinced of the truth involved in the new familiar law of Homœopathy that he could not longer resist making an open avowal of the fact. The result was what he, no doubt, foresaw, an immediate withdrawal of favor and aid from those who had heretofore befriended him, the loss of much of the remunerative part of his practice, and the disfavor and forebodings of relatives and friends. Notwithstanding this experience which came sharp and quick, he never faltered, so sure he was of the truth and the ultimate triumph of the doctrine he had espoused. Besides, he had learned patience in the school of adversity.

It was in 1828 that his apostasy from the orthodox methods became publicly known. To add to the difficulties of his position, he was still largely dependant upon Dr. Gram's aid in so much practice as remained to him, owing to his ignorance of German. This defect he immediately set himself about to repair, with the same diligence that he exercised in the earlier part of his education. In a remarkable short time he became sufficiently expert to read the few works to be had, by himself. No works expository of the Hahnemannian doctrines were written or published in English till several years later. So there was little chance for making converts, and accordingly Dr. Gray and Dr. Gram stood alone, until the following year Dr. A. D.

Wilson had the courage to make a third in the little company. The next year Dr. Channing avowed his belief in the new system. Both of them men of learning and ability, and practitioners of established reputation, their conversion caused no little excitement. This brings the history down to 1830. Dr. Paine was not aware of any other accessions until the first cholera epidemic in 1832, or about that time. Dr. A. Gerald Hull, a brother-in-law of Dr. Gray, was preparing to enter the profession under his and Dr. Gram's direction. Dr. J. T. Curtis was still a student of Dr. Gram. Both brilliant and strong men, who afterwards distinguished themselves in behalf of the cause. Dr. Paine's first personal acquaintance with Dr. Gray was in 1833, while a student in the office of the elder Dr. Hull. Discussions on the subject of Homœopathy were frequent and earnest, and he soon became to know the men who were engaged, or interested, in the struggle, and the successive steps of its progress. As had been the case in Europe, the comparative results of the different methods of treating the Asiatic cholera, had drawn public attention to the advantages of Homœopathy, and there began to be a demand for Homœopathic practitioners, and, of course, for information and means of studying the system. Books began to appear, mostly translations from the German, first into French, and after into English. With these increased facilities, conversions became more numerous. Drs. Kirby, Vanderberg and other important accessions were among the foremost. In 1834, another epidemic of cholera occurred in New-York. with still more favorable results to Homœopathy, owing to the larger number of practitioners capable of applying it. From that date, the progress of our school has been steadily upward. Its history in this city and state is known to many here.

The colleagues of Dr. Gray in these first years are all departed. He who stood the chief figure in the little band outlived them all, and many of these who came later into the field. Now he has also gone, and we do well to pay, at least, our grateful tributes to his memory.

E. CARLETON, President,

F. H. BRYNTON, Secretary.

NEBRASKA STATE HOMŒOPATHIC MEDICAL ASSOCIATION.

The Nebraska State Homœopathic Association met in Lincoln, May 25th and 26th. Dr. B. L. Paine, of Lincoln, president; Dr. C. M. Dinsmoor, Omaha, secretary; A large number of physicians from different parts of the State were present. At the afternoon session a number of interesting papers were read and discussed. Meeting adjourned at 5:30. At 8 o'clock, the members of the association and friends gathered at the Opera-house, where Prof. Cowperthwaite, of the Iowa University, delivered an interesting address, subject, "Homœopathy, The Science of Therapeutics." Dr. Cowperthwaite is well

known throughout the state, and enjoys an enviable reputation both as a lecturer and a physician. After the lecture the members gathered at the Commercial restaurant, where they regaled themselves with strawberries, cream, etc., etc., and having thus fortified themselves they held another business session, which adjourned at 12 o'clock to meet again next morning at 8:30.

SECOND DAY'S SESSION.

The association met in the Commercial parlors at half past 8 o'clock, and put in a long morning's session; so that members who desired could return on the noon train. The meetings have been the most interesting ever held by the society, and all the M. D.'s report having had not only a pleasant time but also a profitable meeting. The various papers were well prepared and most of them drew forth considerable discussion. The secretary reported eighty-five Homœopathic physicians in the state, and twenty-two new members joined at the present meeting.

The officers for the ensuing year are: Dr. C. M. Dinsmoor, of Omaha, president; Dr. B. Carscaddan, York, first vice-president; Dr. C. L. Hart, Omaha, second vice-president; Dr. L. J. Bumstead, Lincoln, secretary; Dr. F. B. Righter, Lincoln, treasurer; Drs. Paine and Sabin, of Lincoln, and Dr. Brown, of Albion, censors.

The following delegates were elected to the Northwestern Academy of Homœopathy: Drs. B. F. Righter, Geo. H. Parcell and M. S. Sabin. To the American institute: Drs. A. C. Cowperthwaite, G. E. Brown, P. W. Poulson and O. S. Wood. To the Western Academy: Drs. Geo. H. Simmons, C. L. Hart and G. H. Neil.

Resolutions of thanks were extended to Dr. Dinsmoor, of Omaha, for his efficient work as secretary, to the railroads for the reduced rates given, and to Mr. Imhoff for the use of rooms at the Commercial. Also the following:

Resolved, That the thanks of the society are due, and are hereby extended to Professor Cowperthwaite, of the Iowa State University, for his very able lecture on the advancement of medical science; that we hold Dr. Cowperthwaite, who was one of the original charter members of this association, and who has ever been a co-laborer with us, in high esteem both as a gentleman and as one of the most efficient teachers in the cause of Homœopathy.

At noon the association adjourned to meet in Lincoln, in May, 1883.

L. J. BUMSTEAD, Secretary.

Brain Exhaustion and Natrum Muriaticum.—F. F. Laird, M. D., in April *Hahnemannian Monthly*, gives a very interesting chronic case of "brain fog," relieved by Nat. mur. 200x. Symptoms very severe, depressing, exhausting, debilitating, both in body and mind. Improvement immediate and steady, under this remedy in trituration, three times a day. A remedy too much neglected.



Hygiene Department.

THE ELECTRICITY OF THE PLANETS AND ITS RELATION TO DISEASE.

BY G. E. COGSWELL, M. D., CEDAR RAPIDS, IOWA.

Read before the Cedar Valley Homoeopathic Medical Association, at Waterloo, Ia., April 27, 1882.

GENTLEMEN: Much in the past has been written and at the present is being said about the changes in our atmospheric surroundings. Many prophets have arisen all over our country as well as in foreign lands. Many perhaps were false, having nothing more than the past upon which to base their calculations, while a few claimed scientific principles and the laws deducted therefrom as the foundation of their predictions.

But whether true or false, with what wonderful pertinacity they all promulgated the opinion that the year 1881 was to have been one of violent commotions, wonderful and terrible terrestrial disturbances, and these disturbances to have been accompanied by great loss of life and property in various ways. Who that has watched, with an observant eye, the year just passed, can gainsay the prophesies of a "Vennor" or "Couch," a "Tice" or a "Mansel?"

The power that guides and controls all nature and nature's laws, after ushering in the winter of 1880 and 1881 with its terrible cold of unusual severity, continued the scene with its multitudinous snows, accompanied by blizzards and howling winds, closing the foramina of exit with almost an adamantine bank of glacial rigors, only to be removed by the same power that sent it down our streams in the way of floods, entailing sorrow, suffering, and loss in its way. Then came the tornadoes of spring and the oppressive heat of midsummer, while the excessive rain of autumn wasted the products of the season's work.

All this was but the herald of the winter just passed, with its impassable roads occasioned by the unusually warm weather for the season, creating financial loss and sometimes ruin all over our broad land. These are but a few of the dire calamities and woe that has been decanted from the full to overflowing vials, the dregs of which still remain for us to drain. Even in the outer world many more might be added to the already long list, but all are fully cognizant of them. However depressing the scene, it becomes still more so when we look at it from a medico-scientific standpoint, when we view with almost dismay the sad inroads made in our commonwealth by the grim-eyed monster disease. When we look at the mortuary reports we stand aghast at the fearful records before us.

Whilst we have had no general or wide-spread epidemic involving the whole country, yet diseases that are commonly prevalent and are amenable to treatment have withstood the usual means to remove them and have in many instances become intractable and have carried their victims hence in spite of our utmost endeavor to stay their headlong course. If the year 1881 has been remarkable for all these causalities, the year of 1882 promises no better, for with the floods in the north and south, tornadoes and cyclones in the east and west, smallpox, scarlet fever and plagues all around us, we surely have enough to disturb our tranquility and stimulate us to great endeavors to discover the underlying cause and invent some way of escape. And if I shall succeed in awakening sufficient interest in the subject as shall result in the discovery, in the hitherto hidden recesses of our medical storehouse, of a beacon light that will illuminate our way safely past the treacherous rocks into the harbor beyond, then these few thoughts, which are the result of observation and research, shall not have been in vain. The underlying cause of this fearful accumulation of suffering and woe, according to some of our weather prognosticators and scientific men is the position of the planets with reference to the sun, and the relations they bear to the earth and other planets. That the planets, by reason of their positions and relations, exert

a particular and positive influence on the earth. In proof of the correctness of this theory we have only to notice that certain relative positions of the great planets are, upon observation, found to precede and accompany these terrible commotions and upheavals in nature, and not only occasionally is this true, but by studying the positions of the planets for the past centuries and discovering by history the times of these great disturbances we are at once convinced that it is not a mere coincidence, but the sure result of an inherent law. And neither is this all, for by the same knowledge of the planets and by the history of epidemics of various disorders we find that these too show the same routine or periodicity. And not only great epidemics but if we bring our observations down to our own time and watch with care we will find that in our own horizon the same mortality presents the same periodicity, at irregular intervals. When we contemplate the great number of sudden deaths that are occurring around us in groups as it were, of the aged or those who have passed the meridian of life that have been called to go hence, especially will we notice that these scenes of death and destruction occur not continuously but at special intervals corresponding to the times of particular positions of the planets, for who that has been mindful has not noticed that at or about the times of our worst general storms or disturbances, then it is also that we have a number of these sudden deaths. Deaths of old people, of the middle aged or young, in fact any whose system has become reduced by disease, prostrated by too violent exercise, or enervated by age. If any should doubt that these phenomena occur at irregular intervals, let them withhold judgment and investigate, and they will be surprised to find it the rule, with but few exceptions. And not only is it the case with the deceased, but our sick improve gradually up to a certain date, when they suddenly change for the better or for the worse. It is the common experience, which all will admit on reflection, that our patients improve but slowly if at all for several days, with perhaps here and there one that loses a little in spite of our best efforts to the contrary. And we too feel

depressed from some undefined reason, when on arising some morning we find the depression gone and we wonder at the amount of ambition and energy we have. If we stop to reflect we are at a loss to define the cause. On making our morning calls, we are amazed at the wonderful change in our patients. We are greeted at the first door with a cheery smile, and the pleasing news that our patient is much better. This only adds to our already buoyant state and we approach the bedside with a power more potent to heal. At the next and the next it is the same. All seem to have taken a fresh draught of the elixir of life. Or if it be at the door of the one who was gradually losing, with what involuntary reluctance we approach, unconscious why, yet feeling that there too we shall find the same great change, only of a different kind. This one was too weak to stand the influence by which the rest were improved, and in consequence is worse. Here we have aggravation.

Again it is but the experience of all that for some time we pass along with nothing but success attending our efforts, when suddenly without any premonition we meet with a series of reverses. We lose a number of patients in a very short time, as if centering around a certain period. Patients too, that at other times might have withstood the inroads of their disease and made a good recovery, but who under this influence succumbed to the attack in spite of our utmost endeavors to assist them. When we seriously contemplate these facts, the truth of which all can attest, immediately the question presents itself to our minds; why should the position of the planets produce this certain and marked effect and as after the question should come the answer, we were led to investigate the subject and see if we could make any satisfactory explanation of the causes which are at work, and offer any suggestion that would aid us in combating the fell destroyer as he walks abroad calling first one, then another, to go hence to that bourne from which no one returns.

As before remarked the mortality is greater at some particular times than at others, and especially is this true of

sudden deaths of old people. Persons of low vitality whose systems have become impaired by whatever cause, and this mortality seems to be dependant not on certain climates, or certain seasons, neither confined to certain localities nor influenced by the habits of the individuals, but rather an underlying cause that is not generally recognized, but which we apprehend may be understood, recognized and to some extent controlled.

According to some of our recognized scientists such as "Tyndall, "Faraday," "Mansel," and others, the "earth as well as the planets are electrical globes."

"The heat which is supposed to be received from the sun by spontaneous emission, is in reality currents of electricity undulating are vibrating between the earth and the sun, and every other kindred or solar planet.

"The earth and planets condense their volume and part with electricity while passing from perihelion to aphelion. They expand and absorb electricity from the sun and other planets while passing from aphelion to perihelion. It is while passing their perihelion, aphelion, superior and inferior conjunctions and longitudinal lines with each other that these currents or undulating lines of electricity are interfered with thus causing the meterological and atmospherical convulsions."

Thus our earth is a great electrode, sometimes one, sometimes the other. Sometimes absorbing electricity, sometimes giving it off, hence changing from positive to negative electricity and *vice versa*, thus imparting new strength or reducing that which we have, according to the position of the earth and its relation to the sun and other planets. As before remarked, all planets including the earth, as well as comets and satellites, go through a reversed change of motion, volume and density, at their perihelion and aphelion passages in each orbital revolution, and this change is effected through the reciprocating electric currents that pass from planet to planet and the sun. While the earth is passing from its perihelion to aphelion it is condensing its volume and giving off positive electricity thereby becoming the

negative electrode and "*vice versa*." While passing from aphelion to perihelion it is expanding its volume, by absorbing this positive electricity, hence becoming the positive electrode. But when any of the superior planets are in conjunction or apposition, or in longitudinal line with the earth or other planets electric disturbance occur, thus affecting the electric currents of the earth's surface, and we have free positive and negative electricity.

Again when any of the planets are approaching their perihelion passage they absorb a greater amount of this free positive electricity, thereby depleting the earth. After passing their perihelion and until they reach their aphelion, they give off this absorbed free positive electricity by condensing their volume which is again absorbed by the earth and other planets. Thus the earth is continually changing from one electrode to the other and these changes are oftentimes accompanied by storms of greater or less violence.

For example: In medical electricity where we have a case of inflammation to treat we apply the positive electrode to the seat of the disease, and the negative at a remote part, for the current is always in direction of the positive element.

If we have a case of anæmia to treat, we reverse the currents (*i. e.*) place its negative electrode at the seat of the trouble, the positive at a remote part, thus bringing new strength and stimulating the diseased part to greater activity.

In the case referred to, the earth at the times of the passage of the planets is giving off positive electricity thereby becoming the negative electrode, hence its debilitating influence at such times.

Now it is a self evident truth that it requires less to effect a system impaired by disease than one in the equilibrium of health, especially is this true of one passed the meridian who has bourn the wear and tear of a long life of exposure and toil, whose lamp is but the last flickering spark of the once illuminating beam. It is to these that mother earth at such times ceases her guardian care and assists the grim eyed monster disease to lay fast hold of his victim by withholding

her compliment of strength, she has been wont to give from day to day. And not simply to the weakened and aged, but to all alike, is this withholding only those in moderately sound physical health do not feel the loss to the same extent because of the amount of reserve or latent force that they have been accumulating in the days gone by.

Knowing then the position of the planets and recognizing the influence they exert on the earth, gives us a greater power to ward off their baneful effects, by making an intelligent use of those means we have at our command, and on the theory that an ounce of prevention is worth a pound of cure, we may expect greater success and more gratifying results than we have seen in the past, especially ought we to be able to use it in those cases that are seemingly most effected by these electric changes, (*i. e.*) always worse before storms.

Now as to the practical application, suppose for example we have a case of anæmia, it so happens at the time when one or more planets are in conjunction of apposition. As before remarked, the earth in answer to the call from these planets gives off this positive electricity, thereby for the time becoming itself negative and the planet positive, and as the current of electricity is always in direction of the positive, so this positive electricity is withdrawn from our already debilitated patient, thus withholding from him the very element he needs to grapple with his disease. What we must do is to restore to him this positive electricity.

This may be done in several ways. By removing him from the influence of this negative field, by giving him the same amount of positive as has been withdrawn, or by the use of those remedies that will stimulate his system, and in that way give him the requisite amount of energy to overcome the loss occasioned by the withholding of this free magnetism.

In case of inflammatory diseases, indicated by febrile symptoms the contrary should be done, *i. e.*, lessen the arterial action by those measures that tend to lessen the amount of positive electricity. As these changes occur at

intervals of irregular periods, hence the impossibility of giving any rule or law of their coming except by noting the position of the planets with reference to the sun and the earth and the relations they bear to each other.

And for a knowledge of the positions of the planets with the least trouble "*Mansel's Book on Planetary Meteorology*" is perhaps the most concise and complete, in which he gives the daily "positions of the great planets, points out the times of perihelions and aphelions, conjunctions and appositions and longitudinal lines, the dates at which the greatest electric disturbances are likely to occur, and hence to be regarded with solicitude." To more clearly explain the benefits to us as physicians of his work I quote from page 40 of his book, which he calls the "Doctors' page and planetary epidemics."

"It may be seen by the doctors who will notice the changes in their patients either for better or worse at the times when the planets are passing certain positions in their orbits, that these certain positions affect the inorganic and animal life as well as the human family. Changes in hygiene are often effected by great changes in the weather, and great changes in the weather are effected by certain positions of the planets. But these planetary positions are not always baneful. They may terminate local and violent pestilent diseases at times and places as well as inaugurate them at other times and places, and change their types and natures.

The doctor cannot prolong human life without limit but he may save or prolong a particular patient's life from time to time during a short term by a modification of the administration of his medicines for a time, knowing at these times a meteorological change will be likely to occur within a day or two of these crises. The doctor who notices the planetary positions will be surprised himself when he finds how many of his seriously sick cases are affected for better or worse or death at these times.

The following are about the dates that general hygienic and meteoric changes will be more likely to take place during this year 1882.

March 6th, 14th, 24th.

April 7th to 9th, 17th to 22nd.

May 6th, 7th, 12th to 16th, 23rd to 30th.

June 6th, 20th to 22d, 27th.

July 3d, 13th to 17th, 27th to 30th.

August 3d, 13th to 17th, 28th to 31st.

September 11th to 20th, 26th, 27th.

October 11th to 16th, 22d, 23d, 30th, 31st.

November 10th to 16th, 23d, 24th.

December 5th to 10th, 14th to 17th, 25th.

Detection of Poisonous Metals in Animal Organisms.—Victor Lehman (*Zeitscher. fur Physiol. Chem.*, Nov. 5, 1881) publishes an essay 'On the Best Method of Detecting Lead, Silver, and Mercury in Animal Organisms after Death.' He finds lead in nearly all organisms and secretions after administration of the salts of lead, even such as are with difficulty soluble, such as the sulphate and phosphate. These are more or less absorbed from the alimentary canal. Insoluble salts, such as lead sulphate, are, however, not absorbed. Silver was found in the urine, fæces, bile, and in other organs. The salts undergo reduction after absorption, and the metal is deposited in the organs, as in cases of argyrisms. Mercury was found in all the organs and secretions of the body, after the administration of its preparations. Even such insoluble salts as calomel are absorbed; but in what way was not definitively ascertained. Calomel, however, passes into the lower bowel, chiefly as sulphide, and is excreted in that form in the fæces. To effect the complete separation of lead from the tissues, a previous destruction of the organic matter is necessary. The most delicate test for this metal is sulphuretted hydrogen, by means of which 0.01 per cent. of the metal may be detected, if the solution be alkaline. In the absence of organic matter, nevertheless, lead may be as completely separated by electrolysis as by sulphuretted hydrogen. When the tissues or organic fluids have to be tested for silver, these must first be fused with soda and potassium nitrate, the fused mass luxivated with water, the residue dissolved in nitric acid, filtered, the filtrate evaporated to a small bulk, and tested for silver with hydrochloric acid, which produces a turbidity with one-half to one-fourth per cent. of silver nitrate. The best method for detecting traces of mercury in urine and tissues is that of Mayer, which consists in distilling in a current of steam. By this method one part of the metal may be detected in 10,000 of urine. The electrolytic method of Schneider is more convenient, but not so delicate. The mercury is previously converted into iodide when one part of mercuric chloride may be detected in 1,000 of urine.

Consultation Department.

SCIENCE IN VERSE.

IN THE UNITED STATES MEDICAL INVESTIGATOR recently, was a proposition to adapt descriptive anatomy to *verse*, (not "poetry" which means a creation.) The idea is good, go on doctor and do it. Monroe's *Materia Medica* is also valuable. J. C. M.

INQUIRIES AS TO INULA, LOCO AND MADSTONE.

Has any one proved the *Inula helenium*, (*Elecampane*). I have a case, a lady bitten by a rabid dog, who has taken it, as recommended in THE INVESTIGATOR some years ago. Her husband also took her to Kansas City and applied a "mad stone." A hog bitten at the same time has died of rabies. So far the woman is all right. If attacked I shall try the "Loco." Has G. B. S., of Wyoming, ever reported on the "Loco" yet?

What is known of the nature or character of "mad stones," so-called? I can find nothing in any medical literature about them.

S. A. NEWHALL.

NASAL CATARRH—NATURE AND CURE.

Will you or some of your able contributors write an article for your next journal on the cause of the formation of offensive, cheesy substance in the tonsils, giving the cause, prevention, and treatment, if we have any? I have read your journal from its infancy, and if there has ever been anything published on this subject I have failed to see it. I find many cases of offensive breath from this cause. Any information that you can give on this subject will be thankfully received by me and I think many others.

N. F. CANADAY.

HOW SHALL I DIAGNOSE TEMPERAMENTS?

I am often at a loss to be able to determine the exact temperament of my patient. Will some one please inform me and hosts of other young practitioners so that it will be so clear to us in the future that the fool may not err therein. I should be glad to hear from several of the following gentlemen if they will condescend to be so kind as grant the favor. Profs. J. W. Dowling and T. F. Allen of New York. Profs. J. C. Sanders and G. J. Jones of Cleveland, O. Profs. A. C. Cowperthwaite and T. G. Roberts, Iowa City. Profs. S. B. Beckwith and J. D. Buck, Cincinnati. Profs. C. W. Richardson, P. G. Valentine and G. S. Walker, St. Louis, Mo. Profs. T. P. Wilson and Samuel Jones, Ann Arbor. The Faculty of the Chicago Homœopathic College. I verily believe hundreds will be thankful for the desired information.

MEDICUS.

QUESTIONS ON MEDICAL EDUCATION.

I showed several Allopathic students in Louisiana your published questions in May 1st number, and they unite with me in asking you, if you please, to publish definite short replies to the said questions. To save space answers can be numbered, the questions omitted. We all agreed that such information in a small space would be of immense practical value even to old doctors. My preceptor (Dr. Blackburn) remarked that not one physician out of twenty could correctly answer 80 per cent. of them and he doubted if they could answer even one half. I must say for him, however, that he is hard to stump, but then he studies constantly except when attending his patients. Will you oblige me in this?

WM. ANDERSON.

[We presume that some of the members of the state board of health or some of our readers will give the answers desired.]

PROGRESS OF HOMŒOPATHY.

Although THE UNITED STATES MEDICAL INVESTIGATOR is not exactly a newspaper, there are some things, closely connected with our profession, concerning which many of its subscribers desire more information than appears in its columns; and I write to ask you a word on two points. 1. Why did the faculty of the Hahnemann College oppose the introduction of Homœopathy into Cook County Hospital? 2. Why was the Denver Hospital placed under Old School care, when the commissioners themselves publicly announced the great superiority of Homœopathic management? (INVESTIGATOR, May 1, 1882). Answers, with brief comments, will oblige many besides

O. B. BIRD.

[1. Hahnemann College is situated about three miles away from Cook County Hospital and with other duties had "no time to attend to it," and again, the Chicago Homœopathic Medical College was active to get Homœopathy in the Hospital. In fine, possibly for the same reason that some Homœopathic physicians when called out of town, turn over their patients to Allopaths rather than allow them to call in a brother Homœopath. 2. The Allopaths bid the lowest for the medical care of the county sick—and politics, sir, policy-tics.]

THAT 73,000 POTENCY OF THUJA AGAIN.

In the June 1st number of your most excellent journal, one who subscribes himself "C," goes "ruff shod" for L. S. G.'s 73,000 of Thuja. "C" asks several very pointed and pertinent questions; and yet, me thinks, he did not ask as many as he might. L. S. G., or any other 73,000 potency man must have an immense vat close at hand to hold the many gallons of Alcohol or water, and many shelves upon which to place these 73,000 vials, and if they use every remedy in the 73,000 they must own or charter a special train upon which to bring in their Alcohol and vials.

Mr. Editor, this nonsensical (extremely) high dilution foolishness

is doing more to bring our beloved Homœopathy into derision than is any other one thing that can be mentioned. Very many of the Old School practitioners are fast becoming inclined to honestly investigate the law of similars and when they are assured that certain things are facts, they investigate for themselves. Investigation of truths we need not fear, but investigation of assertions which prove impossibilities, disgusts the honest worker after light and they retire from the field of investigation with not only their minds full of derision, but their hearts full of disappointment, for they were honest workers and earnestly hoped to find something better upon which to build. I am glad "C" had the nerve to take the bull by the horns.

A. C. J.

CASE FOR COUNSEL.

Boy, aged seven months, after protracted labor was born with animation suspended, and with difficulty was resuscitated but remained very feeble for twenty-four hours, unable to take the breast, when it was seized with convulsions lasting four days, at intervals say of five to fifteen minutes, but with Bell. 3x and Arnica lotion externally applied to the head it recovered sufficiently to nurse.

The mother being very feeble rather a tuberculosis subject and very scant supply of milk, when four weeks old I weaned it, feeding it with cream diluted as per *Duncan Diseases of Infants*, Vol. I., page 331, which I must say acted excellent. The child has grown finely, the open sutures closing naturally and now physically developed. I never witnessed any better specimen, with this one exception, *i. e.*, the posterior lobes of the brain do not seem to extend far enough back to cover the cerebellum, judging from the shape of the cranium posteriorly.

This child cries perfectly natural and makes no unnatural sound or motions, but takes no notice whatever of any thing or any body. The eye has no expression but seems normal in development. Of late it has shown some sign of epileptic convulsions with a spasmodic drawing to the left side with same motion of its head and eyes, but Hyoscyamus 3x seems to control it, although there is no permanent improvement. Am now giving Phos. 2x and have continued it for two months without perceptible change. [See *Calc. phos.*, page 885, third edition. T. C. D.]

I am very desirous of permanent improvement for several reasons, principal one is owing to my having been the first of our school ever employed by this family.

V. W. MATHER.

MEMBRANOUS DYSMENORRHEA. WHAT WILL CURE?

Miss — aged nineteen. Temperament lymphatic and nervous, predisposed to hysteria. Hair light color, large blue eyes, long prominent chin, above medium stature, loose swaggering movement and walk. Had measles at the time of her first menses, that did not come out well, menses were very irregular for about three years, after that

time, they came more regular, but with terrible nervous prostration and hysterical symptoms. She was disappointed in a love matter. For some months back she passed (up to the two last) a portion of the lining membrane of the uterus, about the fourth day of her menses, with the characteristic suffering of such cases. Last month I introduced a one grain Iodoform uterine suppository, it seemed to have a good effect to stay the expulsion of the membrane. I have used Apis, Bell., Borax, Calc. c., Mercurius, Thuja and Sulphur, as each remedy seemed to be indicated with an improvement in her general health. Her health appears pretty good for about three weeks between her menses. She was about one year ago terribly constipated, Allumina 6x relieved that condition; some three months since the thyroid gland, right side, began to enlarge, Iodine 30 controlled it for a short time. I met her yesterday I noticed it is enlarging again. I made an examination per vaginam, found the cervix hard to the touch about twice and one-half its normal size, introducing Cusco's speculum found it looking fiery and glassy. I found it difficult to introduce the beak of my elastic probe into the external os. I should here say, that when she is within three or four days of her expected monthly, a melancholic mood begins to show itself. Her appetite is quite good, her bowels moves every day, occasionally a little urinary difficulty, leucorrhœa occasionally.

If ever I was puzzled it is with this case. Every thing I have given seems to have done some good, but don't effect a cure. Now please help me out. I will report through THE INVESTIGATOR, state potencies etc.

H. C. HULLINGER.

MORE ABOUT SMALL-POX.

I notice in THE UNITED STATES MEDICAL INVESTIGATOR of June 1st, a communication from I. Dever, in which he tries to assume to himself the prerogative of an editor, but breaks down in that as he did in his whole article; at one time "when we read we smiled; in fact I am not certain we did" etc., but that is only to show the pretensions of the youth; however to proceed to his attack on me, because I prescribed two remedies in alternation for that violent disease, small-pox, founded on my experience; I would inquire is medicine at a stand still? Can there be no improvement? History reports there was a strong attack made on Dr. Jenner when he introduced vaccination; in 1879 the editor of the *Canada Lancet*, refused to publish Dr. Oliphant's treatment of small-pox by the so-called *vinegar cure* as recommended by Dr. Roth in the *Medical and Surgical Reporter*, and which proved so efficacious in Dr. O's hands, especially as a prophylactic. If such a vile disease can be stamped out of a household, out of a city, out of the world by such a mild and simple process, as fuming with vinegar and giving Arsenicum 4x internally, it will confer a blessing on the community, but not on the doctor, who would like to run his case for five or six weeks, so as to try all his numerous remedies. Why does not Dever try his elaborate pen in scoffing at

Dr. Grabill's prescription of Tart. ant. 6x, one dose curing a case of sciatica of six weeks standing, and which I have verified in my own practice since; why does he not insult the doctor, who writes that he cured warts of long standing by two or three doses of Thuja 73m. Is it by such scurrilous, scoffing remarks that the science of medicine is advanced? Such a mode of proceeding does, and will prevent medical men from reporting their successful treatment of cases, if it is to be thus criticized. I now recommend I. D., before he writes any more insulting letters, to get a small-pox patient and try Arsenicum 4x alone on it, if he is not afraid of catching the disease.

R. W. NELSON.

THE MORPHINE QUESTION.

With the thermometer touching the nineties, I do not propose to go into an extended discussion. I wish only to state that I believe the doctor did wrong in refusing the hypodermic. Now this may look rather "crooked" for me while professing to be "pure," and some one may take me to task. But never mind. Here are my points. Principle is fine. So is a V. The patient don't care a D. for the doctor's principle, and the doctor lost the patient and the V. Besides Homœopathy loses a patron for one or two generations to come. I have done just the same as did Dr. Sarchet, in years gone by, but shall do so no more. What is the good of biting off one's own nose? Receive the patient, give the hypodermic and then, or later, plainly tell him that you know of a better way. He will quickly lend an ear. Advise treatment between attacks. Choose the specific and give a dose, in reasonable potency each night. The patient will soon have demonstrated to him what no argument could possibly have accomplished. Result, patronage, plenty of V's and a substantial numerical reduction of Allopathic patrons.

A. M. PIERSONS.

NEW YORK.

Dr. Sarchet wants his questions answered by "doctors of yore" (gore?) In my opinion it was "Hopkins' choice" with Dr. S., but he might have told him that unfortunately he was not possessed of an hypodermic syringe.

My dear doctor: Please send to me all those patients who have V's. and want Morphine. I will undertake to bleed, blister, and purge them all for five dollars apiece! There is nothing like being "handy with tools," and I would jab the lancet into one "quicker than wink" for a good fee and the prospect of gaining a patient and eventually reclaiming him from the error of his ways. I believe in the simillimum, the single remedy, and the minimum dose, and I try to live up to it, but when a man closes his eyes to all that, I will—under protest, of course, give him gripes, iron hail, lightning, stand him on his head, bore a hole into his head and inject stewed pumpkin—anything to improve the quality of his brains. Why should we in this practical age of ours, stand by and see ourselves "licked" by another, and all for devotion to principles that your patient cares nothing about.

"Cast not your pearls before swine." Retain your patient, and afterwards remodel him if you can.

LEXINGTON, Mich.

A. F. RANDALL.

Medical News.

Outlines of Books.—Be sure to read "Outlines of Books" in this issue.

C. C. Bernard, M. D., class of 1882, has located at 414 Sedgwick St., Chicago.

John A. Pearsall, M. D., is one of our leading physicians at Saratoga Springs.

Dr. H. N. Keener, of Princeton, Ill., was nominated for the office of Coroner at the county convention of Bureau county.

Location.—Vandalia, Ill., the county seat of Fayette county, is a good location for a number one Homœopathic physician.

W. F. Knoll, M. D., professor of physiology, Chicago Homœopathic Medical College, has located at 725 W. Washington St., Chicago.

A. W. Burnside, M. D., has removed from Bellvidere, and located at 911 W. Washington St., Chicago. Dr. B., is an able representative of Homœopathy, and a wealthy man.

F. P. Stiles, M. D., of Sparta, Wis., is attending physician to the Turkish Bath Institute. The mineral water used at that place is ferruginous and has a great local repute.

The Chicago Homœopathic Medical College, more than paid all expenses last year. The directors have declared a *five per cent* dividend. The outlook for the coming session is very fine.

The National Homœopathic Hospital association are working hard to give Homœopathy a recognized status among the national institutions at Washington, commend it to your charitable friends.

Highland Park, Ill., north of Chicago a few miles, is becoming quite a summer resort. M. H. Baker, M. D., can give any information and take good care of any cases, particularly children sent there.

C. M. Dinsmoor, M. D., of Omaha, as secretary of the Nebraska Homœopathic Medical Society, worked up a large meeting and was honored with the presidency. "Honor to whom honor is due."

Peace in Egypt.—The latest from St. Louis, "Peace on earth and good will among the M. D's." They have buried the hatchet and united in one college. The faculty is a good one and ought to draw a large class.

Similia Similibus Curantur.—St. Louis has two pretty female Homœopathic physicians. Their first patient was a man who said he had the neuralgia from too much kissing, and wanted to be treated on Homœopathic principles.—*Exchange.*

Murried.—J. S. Kistler, M. D., of Shenandoah, Pa., to Miss Dollie C. Dengler, June 12, 1882. We wish this new firm abundant success.

J. W. Whidden, M.D., of Saco, Me., to Miss Harriet Emerson Shaw. May happiness and prosperity attend them.

The Oregon State Homœopathic Medical Society held its seventh annual session at Portland, Oregon, May 2, 1882. The following officers were elected for the ensuing year: President, Wm. Geiger, M. D.; First Vice President, A. Pohl, M. D.; Secretary, S. A. Brown, M. D.; Corresponding Secretary, L. Henderson, M. D.

How the Kaffirs treat Milk.—Milk hung up in a cow skin sack till it becomes sour and thick is a staple article of food among the Kaffirs, and the milk sack is such a sacred thing that no woman is allowed to touch it, and but one responsible man for the household has charge of it. A Kaffir who would drink sweet milk would be considered a babe.

Cook County Hospital.—July 1st the following appointments were made to fill the vacancies occasioned by the resignation of the Hahnemann College representatives, and Prof. Kippax, on account of ill health, Drs. Geo. F. Roberts, surgeon, A. W. Burnside and J. S. Mitchell, physicians,—all first class men who will make a record for the cause.

Richard Cartwright, M. D., (class of 1882, Chicago Homœopathic Medical College) who was at Scotland, Dakota, has gone to Decorah, Iowa, to practice with his father. They make surgery a specialty among their Homœopathic brethren in Iowa. Dr. R. C. took the prize on eye surgery in the college, and is able to handle the knife skillfully.

The Homœopathic Staff of Cook County Hospital is now constituted as follows: Surgeons, Drs. Chas. Adams, and G. F. Roberts. Physicians, Drs. J. S. Mitchell, Chas. Gatchell, and A. W. Burnside. Gynecologists, Drs. W. H. Sanders and T. D. Williams. Homœopathy is well and ably represented in this clinical strong hold.

The starting point of Phthisis.—Dr. Chapman (Brooklyn Proceedings) says: The children of America are universally reared in a way to ensure, a low tone of health and lead to a degenerative disease, like tuberculosis, ** . The first blow is struck at the digestive organs. Every now and then, there are gastric attacks attended with vomiting and diarrhœa, and sometimes with fever of longer and shorter duration.

Notes from Maine.—Although Maine is a state of vast area and sparsely settled in some regions and contains a large number of small towns, less than 1000 inhabitants—I do not think there is a town of 2,500, and upwards but contains and supports a Homœopathic physician. The smaller towns of which I say, there are many, are undesirable locations most of them, and the field too hard to attract a young man of any push. He can do better elsewhere. Our state meeting held its 16th annual session at Augusta, Tuesday June 6th. A goodly number were present and the time was put in pleasantly and profitably.

Yours fraternally,

W. F. SHEPARD.

National Board of Health Bulletin.—Insufficient provision having been made in the Sundry Civil Appropriation Bill for the year ending June 30, 1883, for the proper continuance of the duties of the National Board of Health, you are respectfully notified that the publication of the Bulletin will be at once suspended should the Bill pass as reported to the House.

T. J. TURNER,

Secretary National Board of Health.

[This would be a great loss to the country and we trust that our legislators will not adopt such a shortsight policy.—ED.]

Syphilis cured without Mercury.—Dr. J. Edmond Guntz of Dresden in a work of his lately published, makes an announcement, novel, and if reliable, important. In a practice covering many years, in the treatment of syphilis he has been led to the use of Chromium in connection with Carbolic acid water, as in this way a larger amount could be retained without nausea. He was thus enabled to give three grammes of Bichromate of Potassium in 600 grammes of Carbolic acid water, and continue it daily for weeks and months in all forms of syphilis without detriment to the health. He has treated over a thousand cases in this way with remarkable success. The importance of this announcement needs no comment. Still the doctor's claims will be received with caution by the profession.

Maine Homœopathic Medical Society.—List of officers for session to be held at Augusta, June 5, 1883. President, S. E. Sylvester, M. D., Portland; First Vice President, W. M. Haines, M. D., Ellsworth; Second Vice President, A. F. Piper, M. D., Thomaston; Recording Secretary, W. F. Shepard, M. D., Bangor; Corresponding Secretary, C. H. Burr, M. D., Portland; Treasurer, L. H. Kimball, M. D., Bath. Censors. Wm. Gallupe, M. D., Bangor; W. L. Thompson, M. D., Augusta; M. S. Briry, M. D., Bath; J. H. Knox, M. D., Orono; G. P. Jefferds, M. D., Bangor. Committee on Publication: W. F. Shepard, M. D., Bangor; R. L. Dodge, M. D., Portland; M. C. Pingree, M. D., Portland. Committee on Legislation: W. T. Laird, M. D., Augusta; W. L. Thompson, M. D., Augusta; M. S. Briry, M. D., Bath; C. A. Cochran, Winthrop. Committee of Arrangements: The Homœopathic physicians of Augusta.

Died.—John Franklin Gray, the pioneer convert to Homœopathy, and the first editor of Homœopathic journalism is no more. Dr. Gray wielded a powerful influence for the cause and left his imprint on our earliest literature. Recently he had been reticent and his influence therefore limited to his immediate circle of friends. Dr. Gray will be kindly remembered by our whole profession. The report of the memoria meeting on another page will be read with deep interest by the younger members of our profession, occurring as it does, in connection with the brief but graphic sketch of the founder of our system of practice. The career of both Hahnemann and Gray were nearly the same and will recall vividly the personal experience of many of our readers.

The students and future representatives of such a cause should be the best and be filled with great zeal and holy enthusiasm for one of the noblest causes that ever engaged the attention of humanity.

Ammonia, its use and importance as a leavening power.—The recent discoveries in science and chemistry are fast revolutionizing our daily domestic economies. Old methods are giving way to the light of modern investigation, and the habits and methods of our fathers and mothers are stepping down and out, to be succeeded by the new ideas, with marvelous rapidity. In no department of science, however, have more rapid strides been made than in its relations to the preparation and preservation of human food. Scientists, having discovered how to traverse space, furnish heat, and beat time itself, by the application of natural forces, and to do a hundred other things promotive of the comfort and happiness of human kind, are naturally turning their attention to the development of other agencies and powers that shall add to the years during which man may enjoy the blessings set before him. Among the recent discoveries in this direction, none is more important than the uses to which common ammonia can be properly put as a leavening agent, and which indicate that this familiar salt is hereafter to perform an active part in the preparation of our daily food. The carbonate of ammonia is an exceedingly volatile substance. Place a small portion of it upon a knife and hold over a flame, and it will almost immediately be entirely developed into gas and pass off into the air. The gas thus formed is a simple composition of nitrogen and hydrogen. No residue is left from the ammonia. This gives it its superiority as a leavening power over soda and cream of tartar when used alone, and has induced its use as a supplement to these articles. A small quantity of ammonia in the dough is effective in producing bread that will be lighter, sweeter, and more wholesome than that risen by any other leavening agent. When it is acted upon by the heat of baking the leavening gas that raises the dough is liberated. In this act it uses itself up, as it were; the ammonia is entirely diffused, leaving no trace or residuum whatever. The light, fluffy, flaky appearance, so desirable in biscuits, etc., and so sought after by professional cooks, is said to be imparted to them only by the use of this agent. The bakers and baking powder manufacturers producing the finest goods have been quick to avail themselves of this useful discovery, and the handsomest and best bread and cake are now largely risen by the aid of ammonia, combined of course with other leavening material. Ammonia is one of the best known products of the laboratory. If, as seems to be justly claimed for it, the application of its properties to the purposes of cooking results in giving us lighter and more wholesome bread, biscuit, and cake, it will prove a boon to dyspeptic humanity, and will speedily force itself into general use in the new field to which science has assigned it.—*Scientific American*.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

LEADVILLE, Col., June 27.—Our sickness at present is mostly among children, and mostly all are troubled with bronchitis. Aconite, Bry., Phos., and Apis, are the principal remedies used.
D. A. SYKES.

TECUMSEH, Mich., June 30.—Neuralgia and rheumatism have been quite prevalent with us during the cold and damp spring. Have been successful in their treatment with Bry. alb., Colch., Rhus tox., Acon., and Dule.

R. B. HOUSE.

NEWARK VALLEY, N. Y., July 18.—Prevailing diseases are: Measles, mumps, scarlet fever. Remedies used: (1.) Puls. 3x, Acon. 3x. (2.) Rhus. Scarlet fever has ran a very mild course. Acon. 3x and Sulphur 30x have done good service.
F. M. BISHOP.

MIDDLETOWN, N. Y., June 22.—Several cases of erysipelas have occurred among the employees. Remedies used are: Apis, Bell., Lach. and Rhus rad. For blood-poisoning from wounds we give Carb. ac., and Calendula, 3d, the best remedies we have tried.

S. H. TALCOTT.

LOS ANGELES, Cal., June 29.—We have no epidemic diseases here except measles, and they are very light. All diseases here are very light. I treat all my measles cases with ice cream. I give them all they want to eat, with an occasional dose of Puls., or Bry., as the case requires.

A. S. SHORB.

STILLWATER, Minn., July 14.—The prevailing disease is scarlatina of a mild type (simplex and anginosa.) No cases have proved fatal under Homœopathic treatment. The Allopaths have lost a number. Remedies used: principally Bell., which seems to control very nicely. Have had a very large amount of surgery of late. Will write more anon.

W. H. CAINE.

LIVERPOOL, N. Y., July 6.—Very little sickness here at present. The six resident physicians might all take a vacation and hardly be missed. Homœopathy is both recognized and patronized here. Your humble servant has for several years been annually appointed physician to the poor of the town of Salina and county of Onandago. Elected health-officer of both village and town boards of health, and am medical examiner for four life insurance companies. If the members of our school would advocate their rights to a share of the public patronage, and when they receive it, faithfully perform its duties, we might soon be the dominant party in medicine and influence.

J. R. YOUNG.

CHEYENNE, W. T., June 22.—Cheyenne is a decidedly healthy city being seldom visited by diseases of an epidemic character. During the past spring the medical fraternity here had little to do. Just now there is an abundant supply of measles of so mild a type as to require little medication. The air is dry and light, the altitude being a little above

six thousand feet. As a refuge for consumptives, worn out business men and students, it can not be too highly commended. In regard to general healthfulness the location far surpasses that of Denver. Society is first class and we can with confidence invite those suffering from tuberculosis or nervous depression, to try the magic effects of this dry and invigorating air. The two leading remedies for this section during the past year have been Bryonia and Gelsemium.

S. J. QUINBY.

POMONA, Florida, July 9.—Florida has a genial climate and is very pleasant during all the seasons. The temperature has not been over 96 in the shade this season. We have breezes from the gulf or ocean, which cools the atmosphere at all times. I do not experience that uncomfortable feeling arising from the heat as I do in warm weather at the north. The summer temperature of Florida is not understood by people at the north till they experience it here. The winter is just splendid and just the place for those suffering from disease of the respiratory organs. It is fast being settled by people from the north who are just now learning its value. I have been doing a little business in practice here, but mostly in chronic cases. It can truly be called healthy here and a place of refuge for the many of those suffering in the colder, changing climate of the north.

H. LEARNED.

BREMEN, Ind., July 10.—At present, decidedly healthy. The spring and early summer diseases were of a low, nervous type, more gastric difficulty than fever, brain symptoms prominent, with low, muttering delirium (Hyos.) with indicated remedies. Gastric met with Ars., Quin. (funalis), Puls., Nux., Cim. Spasmodic cough complicated with nasal and throat catarrh. Bell., Merc. iod. cum. Kali iod. Kidney and bladder troubles. Rhus aro., Caps. bur. past. A great predisposition to atrophy of the absorbent system. Induration of spleen readily met with Ars., Berb. aq., Alnus. rub. Rhus aromat. meets more of the kidney and bladder troubles than any other remedy. I alternate some-

times with Caps. bur. past. All complain of pain over eyes or occiput, Kali brom. in 1st, and Am. brom. in 2d. Enterocolitis is promptly met with proper remedies, (see *Duncan on Children*), and don't forget the diet, as it is *the* remedy to be studied and needs a little alteration from last year; found the new remedy, Coto bark, in diarrhœa, of great help.

W. M. B. OLDS.

ALLEGAN, Mich., July 10.—We have no prevailing diseases in this section except the ever present ague and fever, of which I gave report in a former journal. Have had two severe cases of diphtheria within the past two months, which I feared would baffle my best endeavors, but thanks to Providence, and a persistent application of remedies such as the Biniodide of Mercury, Kali bichromicum, Belladonna, Aconite, Salicylic acid, Kali permanganate, Apis mel., Lachesis and Silicea—used as indications seemed to direct—the patients are now fairly recovered. Have a case in hand of nasal polypus with catarrh. The polypus fills the left nares completely. I am using *Teucrium marum* for the polypus, and Kali bichromicum and Nux for the catarrhal condition. Expect a complete cure in a few weeks. *Teucrium* in my experience is the remedy par excellence for nasal polypus. Have one case of cystic calculi. For immediate relief during their passage, I give warm sweet oil, two tablespoonfuls at a dose, with one-sixteenth grain *Morphia sulph.*, following with *Chelidonium maj.* and *Arnica* internal, every three hours until inflammation and soreness is gone. China is a good tonic to follow the *Chelidonium*.

I desire to say to Dr. G. B. Sarchet, Consultation Department, page 53, July 1st journal, I believe Homœopathy to be the grandest and most comprehensive principle of eclecticism ever yet promulgated, and we who take the name of Homœopathic M. D's. have a right, and are bound by the nature of our truest humanity, to use *anything* within the range of materia medica that will benefit and relieve in the speediest and easiest way possible suffering humanity. I myself do not hesitate to give *Morphine hypodermically* or otherwise, whenever duty seems to demand it. A *V* is a mighty insti-

gator to duty, and in *pleasing* our *patients*, many times to the exclusion of our *pathy*, for the time being, we make a point, and secure a life-long benefit to ourselves. Doctor, you should have hypodermized your patient, and got the V—and the patient.

C. D. WOODRUFF.

A TAPE WORM DOSE.

Below you will find a tape worm remedy, and if the worm be present, he will vacate within two hours after dose. The patient had best to keep quiet, in sitting position in easy chair, after dose—having all things ready—for business—beforehand—a little warm water in slop jar, so as to be comfortable to “snake” when it touches, as it sometimes recedes, if too lively.

The patient should fast, about thus: at tea the day before, take only a little dry toast and tea, and at bedtime a good dose of Rochelle salts, one-half to one ounce, to thoroughly move out the contents of bowels; then at about 8 or 9 o'clock the next morning, take the following, resulting from the formula:

One-half ounce Pomegranate root.

One-half drachm Pumpkin seeds, (shucked.)

One-half drachm powdered Ergot, mixed and boiled in eight ounces of water from twenty minutes to half an hour, —then strain through coarse cloth.

Then take also two drachms of powdered Gum arabic, and add to it one drachm Etherial extract of male fern and two drops of Croton oil, and rub them well together and add the two preparations together and well mix, and let the patient take the mixture and await results.

If the patient be stout and hearty, I add three drops of Croton oil instead of two; if the patient be of sensitive stomach, a sip of lemon juice may be used to cover taste of taking the mixture.

I have succeeded in removing tape worms when others and other things failed. Try it and report results.

B. F. DAKE.

CLINICAL ASPECTS OF KOCH'S DISCOVERY.

Dr. J. S. Mitchell read a paper before the Institute on the Clinical Aspects of Koch's Discovery, which is of special interest. He gave a *resume* of Koch's method for ascertaining the presence of the bacillus of tuberculosis, also a summary of the comments already made concerning these investigations. It was urged by the writer that physicians should favor such studies, as etiology was confessedly the weakest chapter of pathology, and that flippant remarks against such men as Koch, Tyndall, and Pasteur should not be made, least of all by those who had acquired no reputation for original research.

The practical results of the discovery would necessitate as treatment and prophylaxis the use of germicides and vaccination. Quotations from Drs. Carpenter and Miller showed that vaccination was likely to be of service when a mild bacillus of tuberculosis could be cultivated.

The paper then referred to the study of micro-organism in diphtheria. This had been most thorough, but had not untangled the confused web of therapeutics of those who treated on the principle, *tolle causam*. Germicides were being continually changed, some advocating one agent, others another, and none effected the object.

Vaccination was shown by experiments of the Hungarian government to be uncertain and dangerous, at least as far as Charbon was concerned. The paper strongly denounced vaccination against zymotic diseases and assumed that the efficacy of vaccination against variola was now gravely questioned. The germ theory was discussed, and the position taken that it was not proven. The existence of bacilli was questioned by some pathologists.

Germes were shown to develop in low states of organism—*ibi inflammatio ubi micrococci*. Hereditary transmission showed a predisposition which must be sought for apart from germ theory.

Listerism received a serious blow at International Con-

gress, and this was the crowning therapeutic outcome of the germ theory.

History of medicine showed that one theory after another of natural origin fell to the ground; this one likely to share the same fate.

Homœopathy had held sway and been sustained by immense clinical experience. It would do for phthisis more than any other system of therapeutics. In syphilis it would control and prevent secondary symptoms, and entirely remove the danger of any tertiary ones. Disappointing sometimes in individual cases, its grand general results demonstrated it to be *the* science of therapeutics.

HINTS FOR NEW PRESCRIBERS.

To answer the last will doubtless add to the interest of the cases enumerated. You have a book and case and can follow the directions but feel that you must launch out more extensively.

As to the remedies they can be supplied to you in three forms, pellets, powders or liquids. The latter are used to saturate pellets with, while powders are the form that many remedies come in. So you see that liquids and powders are the two forms in which physicians buy Homœopathic medicines. The liquids are either tinctures (strongest) or dilutions.

The powders are the crude pulverized drug or trituration of it with sugar of milk. The pills are moulded from pure melted sugar and contain no medicine. They are of various sizes.

The size most frequently used is No. 30. Some prefer smaller ones, 25, and some larger, 35, 40, and even 80. These are usually dispensed in vials or envelopes and the medicine poured on them enough to saturate them. The old method was to pour them out on a clean paper until the liquid was all absorbed and then return them to the vial, but physicians usually are now content to let the absorption go on in the

vial where the medicated pellets are free from contaminating odors or foreign substances.

The dose of the 30ths is usually four, while of 25 it is six, of the larger ones only two or even one make a dose.

For children the smaller sizes are chosen. For the higher potencies the smallest globules are preferred. They are usually placed in a powder of sugar of milk and are thus really disguised. Little pills are the most convenient form and is the universally popular mode of dispensing medicine except for such remedies as only come in powder form.

LITHIUM CARBONICUM IN URINARY DISEASES.

BY HENRY P. STIPP, M. D., LEWISTOWN, ILL.

Read before the Illinois Homoeopathic Medical Association, May, 1882.

My attention was first called to this remedy by articles in the medical journals, stating that it would relieve inflammation of the bladder in a few minutes. I also found a description of its action in Hale's New Remedies.

Urinary diseases occurring more frequently than usual in my practice last fall, I determined to give it a systematic trial. Since then, or within six months, I have prescribed it twenty times, with varying results, always using the crude, or first or second triturations.

In cystitis, acute or chronic, it did not check the inflammatory action in a single case. It relieved the spasmodic condition of the sphincter vesicæ, with attendant pains very promptly in several cases. It also relieved strangury when no inflammatory action was present. The cases benefitted all had the nervous temperament predominating; in no other cases did it have any effect. When it did act, it acted promptly, then ceased to be of further benefit. It had no beneficial effect whatever on the kidneys, except in one case. Aggravations, properly speaking, were produced in only one

case; but the effects of the drug, as laid down in the provings, were produced in several cases.

Consideration of the above facts leads me to infer that its immediate action on the bladder is simply that of an antispasmodic, nothing more; also that its ultimate action on the system simulates a sub-acute or chronic diseased condition that is very serious: to remove which the drug must be used in the middle or high potencies.

I give the following cases:

CASE I. A man aged forty-seven, nervous temperament, subject to epilepsy. High fever, pulse 120, wiry; great pain and tenderness in region of bladder; constant urging to urinate, with inability to do so. Aconite, Belladonna and Cantharis each failing after twelve hours, I gave him two, two grain powders of Lithium carb. crude twenty minutes apart. This promptly relieved the strangury. Smaller doses not relieving the remaining symptoms in twenty-four hours, I gave Aconite which cured the case.

CASE II. Widow aged thirty-five, nervous temperament. Subject to frequent attacks of great pain, heat, weight and tenderness in region of kidneys, womb and bladder, attended by strangury, weak pulse, and cold extremities. Lithium crude promptly relieved the strangury, but had no effect on the other symptoms. Belladonna removed them. Subsequent attacks were treated in the same manner, with the same result.

CASE III. Single woman aged twenty-two, nervous temperament; debility, dragging pain in back, bearing down, leucorrhœa and other symptoms indicating displacement of womb. The most distressing symptom was dysuria. Patient not submitting to an examination. Lithium 2d trituration was given, which promptly relieved the dysuria, but had no further effect. Lilium 1st dilution was then given, which all but cured the case in five weeks.

CASE IV. Was similar to case three, but of longer standing; was not benefitted by Lithium crude, or 2d trituration. Gelsemium tincture relieved the dysuria.

CASE V. A married woman aged thirty, lymphatic tem-

perament; also displacement of womb, the most urgent symptom being violent strangury, with heat, tenderness, and burning in region of bladder. Replacing womb did not relieve; two grain doses of Lithium crude, every thirty minutes for three hours did not relieve. The second trituration of the same remedy for eighteen hours, did not relieve. Arsenicum 2d dilution had prompt effect. Four hours after the first dose of Lithium, this patient experienced a decided increase of pain in region of kidneys, followed by distorted vision, very dry feeling in eyes and severe frontal headache; and in three or four days her nose swelled up, turned red and was sore for several days. These drug effects are found in the provings.

CASE VI, was similar to the last; replacing the womb did not relieve the bladder immediately, and Lithium added a frontal headache and pain in back extending down the limbs, to the other symptoms.

CASE VII. Was a man aged fifty, nervo-sanguine temperament. Chronic irritable condition of bladder, mild, but subject to attacks of dysuria pain in back extending down limbs, unbearable itching of lower limbs, and sore nose. Lithium crude relieved the bladder and nose; but continued, it had no further effect. Rhus tox, removed the other symptoms. After three months another attack was treated in the same manner, with the same result.

CASE VIII. Was a married woman, past fifty, nervous temperament; had for thirty years scanty urine, dysuria, backache and frontal headache, alternating with profuse flow of urine, lassitude, and relief from dysuria, headache, etc. Lithium 2d trituration given for five weeks, made the above alterations less distinct. Having no further effect Apis 6th was given.

CASE IX. A married woman, aged twenty-two, lymphatic temperament, had deficiency of mitral valve, distress in cardiac region, enlarged spleen, was dropsical, abdomen very much enlarged; subject to profuse and long lasting hæmorrhages from nose and womb; headache, pain in back and limbs, weak eyesight, scanty urine, dysuria. Four doses of

Lithium crude, of one grain each so aggravated the symptoms already present in head, eyes, cardiac region and back, that I discontinued it and gave Apis 2d, dilution, which relieved. This was the only case in which the symptoms already present were aggravated.

CASE X. Was one of peculiar interest inasmuch as it so closely resembled the pathogenesis, with the exception of the cardiac symptoms which were absent. A married man aged forty-eight, nervo-sanguine temperament. Had, for many years, nosebleed at intervals of four to eight weeks. This ceased about seven years ago, and hæmorrhages of bladder at about the same intervals set in. These gradually grew worse. About nine months ago the first symptoms of renal trouble developed. About January 1, 1882, he applied to me for treatment for the hæmorrhage, which was characterized by the passing each time, first by clots of blood, then blood mixed with urine, and lastly urine nearly clear; also a great deal of weight and tenderness in region of bladder. Trillium 1st dilution, stopped the hæmorrhage in six days, so effectually that it never returned.

The symptoms remaining were:

Great debility and lassitude, restlessness, mental anxiety, dull heavy frontal headache; dryness of eyes and mouth; nose stopped up, the end of it very much swollen, red and sore; a small boil on the inside of it; much hawking of mucus; acidity of stomach, gnawing in stomach, good appetite, great thirst without fever; desire to urinate almost constant, gradually increasing until bladder is emptied; some difficulty in passing water, and violent tenesmus afterward for some time; frequent and copious urination, worse at night; passing about a gallon a day; albumen in urine; pain in sacrum and lower limbs, very severe at times.

Prescribed Lithium 2d trituration, one grain every two hours.

In six days the acidity of the stomach had disappeared, the strength was greater, the nose nearly well; no change in the other symptoms. In ten days the nose was well, the frontal headache gone, urine much less profuse and frequent in the day time; no better at night.

In twenty days all symptoms had decidedly improved; had to "get up" only two or three times at night; quantity of urine about four pints a day; strong enough to resume business.

At the end of thirty days was still improving and ceased to report.

He afterwards took a severe cold or two, became worse, tried "Warner's Safe Kidney Cure," became very much worse, and finally went to Eureka Springs, Arkansas.

I regret very much that I had no opportunity to resume treatment with the Lithium, in a middle or high potency.

MINUTE TISSUE—MINUTE REMEDY.

[From an address delivered by A. C. Cowperthwaite, M. D., at Lincoln, Neb.]

When Hahnemann commenced to prescribe according to the new principle, he gave ordinary doses of drugs, but found in every case an unnecessary aggravation. In order to overcome this difficulty, he conceived the idea of combining the drug with some inert substances in order to more easily produce the quantity prescribed. For this purpose he mixed one part of the drug with ninety-nine parts of a non-medical substance, and in order to impregnate and diffuse this substance equally with the medicine, the dry medicines were well triturated and the fluid ones well shaken with pure alcohol, but it was soon discovered that the one-hundreth part of a grain thus prepared, instead of retaining only one-hundreth part of the original grain, had a pathogenic or symptom-producing power not far different from the whole grain, and a disease-curing power greater than the whole grain. The preparation of minute doses led to alterations—that is, preparations containing little medicine in a given bulk. It was also found that the active properties of many remedies that seem nearly powerless in their crude state, are by trituration developed—the latent power set free as it were. These proved to be puzzling facts. Hahnemann himself, astonished at the

wonderful results of his system of potentization, wavered as to the true course, science as yet having failed to give him the evidences which we have now of the material essence of the attenuated drug. The microscope has explained these and made them comprehensible. It has done for the infinitely minute side of nature what the telescope has done for the infinitely vast and remote. It has revealed a new world to us, and enabled us to realize what a universe lies beyond the reach of our senses, or the tests of our chemical art. A number of instances of microscopic analysis were then given. The following is quite interesting: Take the crystalline lens of the eye of the codfish. This minute pellucid object is found by the microscope to consist of five million distinct fibres. These fibres are furnished with teeth like those of a watch wheel, and the teeth of the adjacent fibres lock into each other. Now, there are sixty-two thousand and five hundred millions of these teeth. Each tooth has six surfaces, which come into contact with the corresponding surfaces of the adjacent teeth, so that the number of touching surfaces is three hundred and sixty-five thousand million. Think of this extraordinary fact; realize in your imagination; reflect that each of these surfaces is a space, a reality, a mechanical power, and you can readily conceive that the atom of the highest Homœopathic attenuation retains form and substance and properties, and has its part to play in the mechanism of cure. This is still more comprehensible when we remember that our own nervous tissues and blood globules are just as inconceivably minute as the lens of the codfish, and that our Homœopathic process simply brings the medicine into a state of corresponding minuteness. The crude substances of Allopathy never get into these secret recesses, these molecular and atomic spheres of vitality, no more than the steamer can get from the sea into the little mountain rill away up near the snow line. This development of drug power is affected by comminution, and in other ways, and this is because it causes an increase of surface of the drug particles, and thus the medicine offers many more points

of contact with the minute nervous system. At present, we know the fact of the operations of our remedies, but the method of action we cannot as yet fully comprehend, nor can we comprehend the half which science tells us. Who can comprehend the amount of virus necessary to propagate small-pox, or how much to prevent it? Who can measure by grains and scruples the dread potency of the Astrachan plague? Who can ascertain by chemical tests the quantity of miasma to produce such diseases as cholera, scarlet fever, etc.? If, then, the essence of diseases is imponderable, why not the remedy as well? Shall our gross minds accept the one and reject the other?

ŒNANTHE CROCAT A IN EPILEPSY.

Will you or some of your readers give your experience with *Œnanthe crocata* in epilepsy? J. Z.

In one case of a child that had had spasms (epileptiform) for months, the first of *Œnanthe crocata* was sent. About three weeks after, the following was received, which shows its action and includes some pathogenetic symptoms that may be of value:

"I gave pills right along as directed until about eleven or twelve days ago we found out her mouth was very sore. Took her to the doctor and he said she had high fever and was badly salivated. She is now about well of salivation, did not sleep any last night, cried and fretted all the time, has had no spell for eleven days, something strange for her. Bowels same, appetite beginning to improve, could not eat anything while salivated."

L. W. H.

Repercussion of Eruption.—Dr. R. Ludlam (*The Clinique*), calls attention to Cuprum acet. in repercussion of eruption, in any eruptive disease especially measles and scarlet fever. It is more efficacious often, than Bryonia, Sulphur, Calc. carb., or any of those remedies commonly given. He has had striking proofs of its good effects in such cases, used in 3rd to 6th dilution.

Gynecological Department.

CIMICIFUGA VS. ERGOT, AS A UTERINE MOTOR IN LABOR.

[BY S. A. NEWHALL, M. D., NEWTON, KAN.]

Read before the Homœopathic Medical Society of Kansas, May, 1882.

CASE. Mrs. H. aged twenty-three, light brown eyes, auburn hair, nervo-bilious temperament, married one year; first pregnancy; a little below medium height, a little stout but well built frame, and firm well developed muscular system.

Was called at 7 P. M., February 24, 1882, she had been in pain all day, but being of a nervous fearful temperament, had shunned, or kept back the pains.

On examination found os well dilated, a large bag of waters presenting; vertex presentation in first position everything (apparently) favorable for a reasonably short, natural labor. Patient was walking about, I had her prepared for lying in, as pains were almost constant, but weak, and ineffective, and although os was almost fully dilated, the head had not engaged in superior strait; but rested at the brim of the pelvis.

The intra-pelvic tissues were unusually fully developed, rendering the diameters rather small, yet I did not apprehend any difficulty, and encouragingly predicted a short labor. I exhibited Ergot, in mild doses with the effect to render contractions more regular giving good intervals of rest; but I soon found that the uterus was pretty well exhausted, and tending to collapse, or complete atony; and to that patient would not assist the contractions, but avoided the intra-pelvic pressure just sufficient to prevent the head engaging in superior strait.

Membranes ruptured at 9 P. M., attended with escape of an excessive amount of liquor amnii, but no show of blood whatever. Pains ceased entirely for some time; there was

no preceptible contraction of uterus, Ergot had no effect whatever, was perfectly inert.

Gave Pulsatilla with good effect for a time, but yet the head would not engage, although I used all the outward pressure, I considered safe, or admissable; patient would avoid the pressure, and thwart all my efforts.

At 5 A.M. at patient's urgent request gave an æsthetic, one part Chloroform to two parts of Ether, which induced violent vomiting, and complete cessation of labor for three hours.

As Ergot in reasonable doses was perfectly inert in this case, the first that it ever failed me, in doses of one to three drops of the fluid extract, and in this case full, or large doses would have brought on complete atony of the uterus. I went to the office for a substitute, to use when labor came on again. I decided upon *Cimicifuga*, and procured Merrill's fluid extract, and returned to my case.

In examining abdominal tumor, I found an abnormal development of some kind, in left superior quarter of uterus, which evidently interfered in some way with the uterine contractions. I told patient that possibly there might be twins, yet I could detect but one fetal heart sound.

Labor came on again slowly, contractions weak, but improving somewhat under *Cimicifuga*, os inclined to become rigid, but Gels. 1x quickly relaxed it, and strengthened contractions for a time, so that at 5 P. M., by persistent effort, I succeeded in getting the head engaged, and os in a condition favorable, and as patient's strength was failing, I decided to aid delivery with forceps, but in getting patient in position although using the utmost care the head became disengaged and through her fear os contracted that I could not introduce them.

As the husband and the patient's mother were very much alarmed and anxious, I asked for counsel and sent for Dr. Gerhardt, Homœopathic, whom I had never met, and Dr. Ensign, a friendly regular. Dr. G. was not found. Dr. Ensign came about 8 P. M., advised delay, and rest, and gave about one-fourth of a grain of Morphine on point of knife,

from his bottle, said he would call at midnight, he told patient we hoped to save both her and child, but that it might be necessary to sacrifice the child. The Morphine producing no apparent effect, as there was some inflammatory action setting up in abdomen and uterus, and patient very restless, I prepared one grain of Morphine and six drops of Aconite tincture in sixteen teaspoonfuls of water, and gave a teaspoonful every hour; under the stupefying effects of the opiate, she being less sensible to pain, I soon found presentation improving, and began to give *Cimicifuga* in thirty drop doses of fluid extract. Patient would drop to sleep between pains, and when pains came on head would descend, and being partially insensible to pain she did not resist as she had done. Counsel called at midnight and still advised delay, said would call at 9 A. M. I continued opiate and *Cimicifuga* through night till by 4 A. M. I had patient in full labor, head advancing, and at 10 A. M., when counsel called, vertex was well under the pubic arch, but changed in early part of night to second position: and patient fully aroused to the necessity of effort on her part was working vigorously, contractions fair but had to be kept up by *Cimicifuga* in half teaspoonful doses every half hour. Counsel withdrew, and delivery was effected naturally at 1:30 P. M., the 26th.

I waited for expulsion of placenta one hour; uterine contraction fair, placental body pretty well advanced, but stopped in vagina, and would not advance farther. Examining carefully found membranes, drawn tightly extending up into the uterus, introduced the hand following tightly drawn membranes to left upper quarter of uterus, where I found the tumor referred to above, which proved to be a mass of blood clot and gelatinous substance the size of a child's head, held in a cyst formed between the adherent membranes and the uterine wall. Carefully feeling of membranes, I brought the whole mass away. Patient had slight puerperal fever for two or three days, which yielded kindly to *Veratrum viride* tincture. Made a good recovery. She told me that about three weeks before confinement, her husband in his sleep in a dream, struck her in the side with his

elbow, in region of the tumor, hurting her very much, which I suppose induced hæmorrhage forming the clot and tumor.

Cimicifuga proved in this case as active a uterine motor as *Ergot* ever did in any case in my experience.

Aconite and *Morphine* acted very nicely in partially deadening the sensibility to pain, as well as allaying the rising inflammation in the abdomên.

Under the partial stupor produced, patient would drop to sleep between pains, and a partial relaxation follow, and as the next uterine contraction came on, the head would advance sufficiently; before she became aroused so as to resist, to secure a firm engagement in the pelvic strait; and as soon as admissable, *Opiate* was withdrawn, nourishment given, and labor pushed carefully to completion. The *Aconite* acted nicely in removing her fear, and by gentle firmness and assurance of success, I succeeded in arousing her energy, and I never saw a patient work better than she did the last eight hours.

One condition in the case seems important, all through the labor; before the use of the *Morphine*, the circular muscular fibers of the uterus seemed to act very well, though rather weak; but the longitudinal and oblique fibers seemed to be almost inactive, and would not respond to *Ergot* at all; while under *Cimicifuga* there was some improvement. There was no decided action until after the use of the *Aconite* and *Morphine*; after the rest obtained by these two agents, labor came on, contractions were more regular, effective, and truly expulsive, but required, as before stated, the large doses, one-half teaspoonful of the fluid extract of *Cimicifuga* to keep them up.

Babe was well developed at full term, head very firm, sutures firmly closed; a male child weighing eight and one-half pounds.

ANTENATAL EFFECTS.

IMPRESSIONS UPON BONES.

In connection with fractures of bones, caused by mechanical injuries, we subjoin impressions upon bones which have been found upon the skull of living new-born children.

Ossiander delivered a woman by turning *without forceps*, whose child had such a depression in its cranium, that the end of the spoon of the forceps exactly fitted into it, so that he himself would have believed it must certainly have been made by the forceps, had he not himself managed the delivery. He carefully preserved the bone, and in cleaning it up, was led to the supposition that the cause of the depression, working little by little from within and without, was probably a prominent lumbar vertebra. One point is worthy of note. The child died on the fifth day, of jaundice, and the post-mortem showed not only the skin, but also the inner parts, even the bones, the diploe, the inner surface of the blood vessels, the heart, the brain, the lungs, to be of a saffron yellow. But the most remarkable point of all was the dissection of the stomach, still guarded in his cabinet. Around both orifices after they had been cleaned, a circle of saffron yellow material was to be seen similar to flowers of sulphur. No possible cause of this was to be found in the manner of life of the mother. He further observed in another child, still-born, of a woman who had a small pelvis, a similarly shaped depression in the cranium, and in the brain of the child an impression corresponding to it.

W. J. Smith reports the birth of a child born with a mark, a depression, on its right temple caused by violence in utero. This misfortune was occasioned by the husband of the mother, who by night arose when he was drunk, and in the darkness reeled against the footboard of the bed and struck it so violently that he fell backwards his full weight, striking his head upon the bowels of his wife, who was but slightly covered. The child was born at the proper time apparently dead; but after the use of restoratives for three-

fourths of an hour came to life, but died that night. On the head a spot was found crushed in, and on cutting it open a clot of coagulated blood, on the pericranium, of a black look was discovered.—*Grætzner's Diseases of the Fœtus*. Translated by A. D. Bishop, M. D.

PREVENTION OF CERVICAL LACERATION.

SYNOPSIS OF A PAPER ON OBSTETRICS READ BY PROF. R. N. FOSTER, OF CHICAGO, BEFORE THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Dr. Foster presented a volunteer paper on the "Prevention of Cervical Lacerations." He showed that Emmet, Goodel, Ludlam and Barnes, the only systematic writers on cervico-suture, had dealt fully with the subject in all aspects but one, that of prevention, on which point even the latest of obstetricians as well as gynæcologists were well nigh silent.

He assumed that there was and could be but one cause of laceration—*inadequate dilatation* of the cervix. Secure dilatation and laceration is impossible, and we may yet learn to avoid accidents of this kind, or to moderate them, at least, as much as we now do lacerations of the perineum.

The sole point is to secure adequate dilatation before the expulsive stage of labor sets in—also to retard expulsion (not hasten it) in the interest of the cervix. The only exception to this rule in normal conditions is where the head pockets itself in the side of the cervix, instead of aiming for the os externum, the remedy for which is plainly to bring the os externum to its proper place in the axis of the general canal.

Dilatation ought to be hastened, in accordance with the principle that tedious labor is pathological. But the methods of hastening it ought to be carefully studied. Among the many devices past and present Dr. Foster recommends but one—*mechanical* dilatation—either by the fingers or the forceps, or both. All that was necessary was extreme gen-

tleness on the part of the operator, who ought to know the difference between persuasion and force. The paper, like many others presented, was both decapitated and disemboweled before the meeting, but will appear in full in the transactions.

Syphilitic Pachymeningitis of the Cerebellar Fossa.—At a meeting of the Medical Society on January 30 (*Lancet*, Feb. 4, 1882) Dr. Broadbent described the *post mortem* appearances in a remarkable case of paralysis of the seventh, eighth, and ninth nerves; the patient having been brought before the Society on October 15 (see *London Medical Record*, Jan., p. 24). It was supposed that the lesion was a gumma, situated in the lateral portion of the medulla and pons Varolii. It turned out to be a case of syphilitic pachymeningitis of the right cerebellar fossa. When the tentorium was divided, the right lobe of the cerebellum was found to be closely adherent to the dura mater which was thickened, and thus caused compression of the nerves at their point of exit from the foramina. The medulla, the pons Varolii and the brain itself were quite healthy.

Cyanuret of Mercury, Inocular Syphilis.—*Le Progres Medical* of April 15th contains an article regarding the treatment of those severe forms of syphilitic affections of the eye which resist the ordinary administration of Mercury. The new method consists in giving hypodermic injections of the Cyanuret of Mercury, in doses of five to ten milligrammes at a time. The preparation is in the strength of one milligramme to a drop.* One case reported of a man who had had all the secondary symptoms, when the affection began in the eyes, causing severe pain, photophobia, cornea infiltrated, whitened in places, and the vessels beginning to invade certain localities. Treatment: Instillation of Atropine, and hypodermic injections of the Cyanuret of Mercury, the first of five drops, the second of seven, the third of ten. After the sixth injection all trace of infiltration of the cornea had disappeared, the ciliary pains having completely ceased after the third injection. After the tenth, the iritis was wholly cured. The visual axis was normal, there remained only one trace of the disease, viz: a little annular spot on the capsule, formed by a deposit of pigment. There were no unpleasant constitutional affects. No salivation, no trouble at the site of the injection. Again, of one who has had syphilis for eleven years. For a month before coming for treatment had suffered severely with the left eye. There was a pronounced iritis with adhesion below, and condylomata on the external and superior pupillary border. Treatment of the mercurial salt, when on the fifth day the condylomata had disappeared, and after the eighth all that remained of the iritis was the inferior synechia. A number of other cases are reported with as general good results, clinical experiments still continuing.

* A milligramme equals nearly the second decimal.

Psychological Department.

GUITEAU'S BRAIN AND INSANITY.

BY N. B. DELAMATER, M. D., PROFESSOR OF MENTAL AND NERVOUS DISEASES, CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

The morbid anatomy of the brain, or the pathology in insanity has not yet been authoratively established.

The profession must bear in mind that it is but a very few years since we commenced any special investigations as to cerebral functions.

The management of our various insane asylums have been so universally in the hands of physicians on low salaries and with so much executive work to do, that there has not been that close, careful, scientific study in the pathology, which alone can give us data for determining what changes, if any, occur in the brains of the insane.

In looking over the official report of the autopsy of Charles J. Guiteau, it appears to me a very fair, candid report of what he found, entirely free from any expression of his individual opinion as to the meaning of any of the conditions, normal or abnormal, found in the brain. We are therefore at liberty to each form a conclusion according to our own knowledge of the subject and his report without criticizing him in any way.

The first point deserving notice is the flattening of parietal bone. This, if not congenital, if the result of injury, might cause meningeal or cerebral irritation, but would be more likely, I think, to produce motor than mental or sensory symptoms. The adherence of the membranes to the skull and the patches of thickening of the membranes would apparently indicate that there had at one time been a more or less severe attack of meningitis, the normal condition of the cerebral vessels, and the absence of any indication of

present inflammation would indicate that an entire cure of such attack or attacks had occurred. The apparent slight change of the cortex is not an unusual occurrence in healthy brains.

The variations of the fissures as to number, depth and length, so far as we at present know, has no special significance. There seems to be nothing marked so far as the convolutions are concerned that will throw any light on the mental condition.

I therefore draw the conclusion that the report of the autopsy, leaves us, as it found us, at liberty to form an opinion as to his sanity from his previous life and what was developed during his trial.

Whether any light will be thrown on the subject by the future microscopical examination, by finding variations in the cell structure, remains to be seen.

The *Medical News* of Philadelphia furnishes an advance copy which contains the official report of the post-mortem examination of the body of Charles J. Guiteau. The report is signed by "Dr. Lamb," and is dated Army Medical Museum, Washington, July 4, and is here given in full:

THE OFFICIAL REPORT.

By reason of the delay, for which neither I nor my assistants were responsible, the examination was not begun until 2.30 o'clock P. M., one hour and a half after death, in consequence of which the photographing was less successful, and a cast was impracticable. The body, which was of a faint, yellowish tint, was that of a man about five feet seven inches in height, and weighed 140 pounds. The eyes were examined by Dr. Loring, who reported the pupils slightly and equally dilated. The vitreous was cloudy and the fundus undistinguishable; the conjunctiva of the left eye was congested. He repeated the examination two hours later, and noticed an appearance as of a transverse fracture of the lenses. A small white scar, directed obliquely downward, forward, and to the left, and confined to the scalp, was observed midway between the top of the left ear and the median line of the head.

SKULL.

The right parietal bone was slightly flattened over a space about two inches square, just back of the fronto-parietal suture, and to the right of the inter-parietal there was a slight flattened elevation on the corresponding internal surface of the calvaria. The frontal suture was obliterated, but the others were quite distinct. A number of pacchionian depressions were observed near the groove for the longitudinal sinus.

In thickening the skull presented nothing remarkable.

MEMBRANES OF THE BRAIN.

The dura mater was firmly adherent to the anterior portion of the calvaria in the vicinity of the longitudinal sinus. There were adhesions of the dura also to the base of the skull; they were quite firm, and situated in the several fossæ, and most marked in the deeper parts of the fossæ, where also there were small patches, abruptly limited, of immovable arborescent congestions, with, however, no attendant thickening or pigmentation. This stagnation was again marked in the left, anterior, and middle fossæ. There was no congestion of the dura, except at the points just noted. The dura and piamater were adherent to each other, and to the brain on both sides along a limited portion of the longitudinal fissures, in the vicinity of the pacchionian granulations. The dura was slightly thickened along the longitudinal sinus. It was also slightly thickened and opaque along the portion of the line of the middle meningeal artery on each side.

The arachnoid of the upper convexity of the brain presented in many places, where it covered the sulci, small patches of thickening and opacity, elsewhere it was normal. The piamater was anæmic anteriorly; posteriorly there was slight hypostasis. The cerebral vessels appeared to be normal in all respects. The orbital plates were well arched, and presented many conical eminences of large size. There was no roughening anywhere of the inner surface of the skull.

THE BRAIN

was firm. Its weight, including the cerebrum, cerebellum, pons and medulla, and a portion of the dura, was $49\frac{1}{2}$ ounces. It was slightly flattened in the region corresponding to the flattening of the parietal bone above mentioned. On a section of the cerebrum there was the appearance of a slight thinning of the gray cortex. The measurements taken, however, gave depths of 1-16 to $\frac{1}{8}$ inch in close proximity to each other. The white substance was almost absolutely anæmic. The cerebellum and island of Reil were both covered on each side.

THE FISSURES.

The fissures generally presented considerable depth; in many places, as in the right fissure of Rolando, amounting to seven-eighths of an inch.

The right fissure of Sylvius was typical; the left was separated from the first temporal fissure by a slight bridge deeply situated.

The right fissure of Rolando did not connect with the fissure of Sylvius; the left was separated only by a small bridge deeply situated; both were separated from the longitudinal fissure.

The first frontal fissure on the right side was not connected with that of Rolando, but the posterior part was crossed by a secondary fissure. The same was the case on the left side, except that the fissure was crossed by a small bridge near its center.

The second and third frontal fissures presented nothing remarkable. There were numerous secondary fissures.

The præcentral and retrocentral fissures, on each side, were well defined, and were unconnected with the other fissures.

The inter-parietal fissure on each side terminated in the transverse occipital, separated only by a slight bridge. The parieto-occipital was well marked on each side. The transverse occipital fissure on the right side was ill-defined; it began on the median surface and extended well outward.

The first temporal fissure was well developed on the right side; on the left it was not of the usual length.

Wernicke's fissure was well marked on the left side, but was not confluent.

The calloso marginal fissure was double on each side, the upper of the two being probably the true one. On the right, the upper one extended back to the anterior margin of the paracentral lobule; on left, not quite so far. The lower one extended on the right side to a line about half an inch in front of the parieto-occipital fissure, from which it was separated by a small bridge; on the left side, also, by a bridge of larger size.

ORBITAL SURFACE.

On the right side were seven fissures radiating from the circular fissure surrounding a small isolated convolution. On the left side were five fissures radiating from a small, shallow depression. The left collateral fissure was well defined, extending to the anterior extremity of the temporal lobe. The right was also well marked, but did not extend so far back as the other, and there was an attempt at confluence anteriorly with the temporo-occipital, a small bridge intervening. The left temporo-occipital fissure was well defined.

THE CONVOLUTIONS.

The following alone call for remark: The ascending frontal was well defined on each side. The ascending parietal on the right side was well developed in its lower three-fourths, but narrowed in the upper fourth. On the left side the narrowing was less marked. The island of Reil presented on the right side five fissures, and six straight gyri; on the left side seven fissures and eight straight gyri. The paracentral lobule was well marked on the right side; small on the left.

THORAX AND ABDOMEN.

The usual median incision was made, and the abdomen opened. There was an extravasation of blood into the right

pectoralis major muscle near the second rib. The adipose layer of the abdominal section was one inch in thickness. The dome of the diaphragm extended up to the fourth rib on each side. There were old pleuritic adhesions at the apex of the right lung. The upper and middle lobes were congenitally united by a connective tissue. The lung was normal throughout. There were also old pleuritic adhesions of the left lung to the diaphragm and between its lobes; three small tubercle-like, pigmented patches were observed in the upper lobe.

The heart weighed ten and three-quarter ounces. Its muscular substance was apparently normal. There was an abundance of fat upon its anterior surface, and a villose patch of old pericarditis near the apex of the left ventricle. The right ventricle contained a little blood, just forming a clot. The valves were normal. The aorta was slightly atheromatous for a short distance above the valves.

THE VISCERA.

All of the abdominal viscera presented large accumulations of fat. They were normally situated.

The liver was congested. The gall bladder contained a little bile. The spleen was lobulated and enlarged. It weighed eighteen ounces. The capsule was bluish; substance brown. The malpighian bodies were hypertrophied. The pancreas was normal. The stomach contained food. The intestines appeared normal, and were not opened. The kidneys were congested. There was a small superficial serous cyst on the right one. •

NOTES.

1. A considerable quantity of dark blood ran out of the heart in the separation of the heart and lungs.

2. Dr. Young states that the man was subject to malarial attacks while in jail.

3. He had eaten dinner about an hour and a half before execution.

Materia Medica Department.

AVENA EFFECTS.

A NEW REMEDY OF PROMISE.

Dr. Gillespie reports that he has used Avena in cases where Opium or Morphine have usually been prescribed with the most gratifying effects, not as an antidote to Opium but instead of it, as a soothing remedy, a narcotic. This philosophical conclusion he arrived at after reading the article on Avena as an antidote to the Opium habit, published in THE UNITED STATES MEDICAL INVESTIGATOR, June 1, reasoning that "things equal to the same thing are equal to each other."

This opens up a new and wide field for this new remedy, moreover it shows that it is a remedy of promise and worthy of a careful proving.

It seems that it is used sometimes without result. Either the cases were not proper or the preparation not reliable. Duncan Bros. can supply the genuine, reliable article of their own manufacture to those who wish to test it.

X.

THE NEW PANACEA—PHENIC ACID.

A short time ago we had a paper before the Homœopathic state medical society, in regard to a Dr. Declat, and Phenic acid. In that paper it was claimed that the millenium was about to dawn, that we were just on the eve of a physical utopia, that the dread diseases cancer and consumption, as well as light ones, whooping cough and coryza, were all to bow submissively to the yoke of Phenic acid, that that potent and powerful drug proved unlimited ability to divest disease of all its terrors.

I wish it were true, because I question those rosy statements delivered with all the élan of French enthusiasm. It is not because I am biased in favor of unyielding and incurable diseases, not because I would not be delighted to have a universal panacea discovered, and be willing to do honor to the discoverer but because the reaction from being disappointed in such brilliant expectations more than does away with any good that may be derived from expecting to much. Dr. Sangrado of Valedolid, away back in the past believed he had discovered a system of cure which was infallible. His system was bleeding and hot water, but it was not handed down through the ages because unfortunately his patients all died, which also unfortunately left room for hundreds of others just as visionary and baseless theories, which have had their day and died out just as effectually. From the time of Hippocrates and Galen, with their humours and blood-letting down to the present, men have been striving to discover some royal road, some celestial railway to success, broad, firm, capacious and beautiful, over which we could glide like a summer dream without the necessity of study and of individualizing our cases and the humiliation of frequent failures, and if the Declat theory is true we can exclaim eureka, we have at last found the utopia that has been searched for so diligently since the time of Esculapeas.

Allen's *Materia Medica* is as useless as dried forest leaves, and we can burn it to heat our kettles as they did the Alexandrian library. The volumes of Hering, Dunham and Jahr, together with all other medical literature, can be used to make a bon-fire to celebrate the next 4th of July, and we can substitute in their stead a bottle of Phenic acid and a hypodermic syringe. No matter how absurd any theory is that gains *credence*, nor upon how slender a scientific basis it may stand it will have an abundant following both in the profession and out in consequence of a lack of deductive qualities in the human mind. A drug is taken and the patient gets well, therefore the drug cured the patient, whether the result would not have been the same with all the other

existing conditions, without the drug, never is taken into consideration and that is the principal reason why so many wild and absurd theories come up, have their period of prosperity and fade away into oblivion. Whether the bacteria Phenic acid theory is as baseless as the fabric of a vision, or whether it is to grow, and in a short period create the most stupendous revolution known to history, only time can determine. One of the two results must occur. The case condensed is just this: Disease, that is all serious diseases, are caused by bacteria. These bacteria are infinitesimal animalcules that are swarming around us everywhere, and that enter the body in various ways and multiply and grow; that one species of the animal causes consumption, another cancer, another whooping cough, etc., and that Phenic acid kills them all without hurting the patient, and is consequently a universal panacea for all the ills to which humanity is subject.

Oh what a solace to the weary and anxious Homœopathist. To the dogs with your three hundred drugs with their thousands of tiresome brain racking symptoms.

Hail Phenic acid the physical savior of mankind!

O. H. M.

INDICATIONS FOR *VERATRUM VIRIDE*.

There has fallen into my hands an article on *Veratrum viride*, by W. C. Norwood, M. D., in which he lays down the sphere of use for this remedy. The indications he gives seem as clearly contraria as any regular could wish. He says its "primary and direct effect is to control and regulate the action of the heart and arteries in all febrile and inflammatory diseases, be their name and character what they may. It is not for us to attempt to limit the application of a remedy endowed with such powers in the treatment of disease. We state further, that it meets many, if not all, of the prominent indications in the treatment of disease. It produces the very *opposite* effects, and therefore becomes the

counter agent of all diseases." Another cure all on the most ultra Allopathic rule. "It certainly and in all cases renders a frequent and weak pulse slow, full, and distinct; a flushed, hot, and dry surface more or less pale, cool, and moist. This it does without exciting the least nausea or vomiting, by giving to an adult male five drops, and increasing the dose one drop every portion given at the end of every third hour, till the pulse is reduced to sixty-five beats per minute. When the pulse is reduced to this number, do not increase the drops. The pulse may be kept at sixty-five beats indefinitely, without causing the slightest nausea or vomiting. The pulse may be reduced to forty-five, forty, and even thirty-five beats, by a very gradual increase of the dose, without exciting the least nausea. But you cannot keep it reduced any length of time to either of these numbers, even if you do not increase the dose, without causing the most intense nausea and vomiting, profuse perspiration, coolness, or even icy coldness of the surface, great paleness, or even pallor, and in nervous or hysterical persons a sensation of strangling, difficulty of breathing, and a feeling of suffocation, a perfect paroxysm of globus hystericus, which alarms the patient, friends, and even physician if not familiar with the effects of the remedy." It is not only a cure-all, but a safe one (?)

"It is the only agent that will render the number of the pulse slower in health than natural, and not diminish its fulness and strength. It never renders a pulse weak in health or disease, except when given in doses sufficiently large to nauseate and vomit. We have been using *Veratrum viride* thirty-six years. We tested its effects carefully on our own person, and watched closely and with interest its peculiar effects on the person of others. After this long use and experience we can state beyond a peradventure that it is destitute of all poisonous effects in any dose, however large or small, in which it has ever been given or ever been taken, either by mistake or design. On the highest testimony it can be established that it has been taken in over two ounces at a single dose, and no ultimate ill effects followed. Prof.

Percy, of New York, wrote a learned essay on *Veratrum viride*. He was awarded a gold medal by the United States Medical Society. He reports many cases in which from two to four ounces were taken, and in all his experience he never knew of an authenticated case of death following its use." Did not Dr. Burt kill a dog with it? "N. O. Pearson, M. D., gives a case of poisoning from *Veratrum viride*, but was cured by Opium being given in a most prodigal manner. Prof. Percy remarks: 'We think our friend (Pearson) has erred in the deductions he has drawn, and as he gets better acquainted with the therapeutic effects of his remedy, he will himself acknowledge so. Had he not administered Opium his patient would have recovered quite as well, as every one who has used the *Veratrum* to any extent will assure him.' We have several times induced just such a state, and purposely kept our patient at that point for overcoming his disease, nor have we felt the least alarm. Dr. F. F. Gary, a prominent physician in this place, had a son of about twenty years attacked with chorea. The disease was the most rapid and intense we ever witnessed. In less than fifteen days it was all that two adults could do to prevent his sustaining injury from the intensity of the convulsions. (?) To show that we do not over-state the case, two brothers, absent from home, were telegraphed to hasten home, and one to bring to his assistance another prominent doctor. Although long since retired from practice, we were asked to see him. He was put on the use of *Veratrum viride*. We remarked to the doctor that we had never known a case that did not yield to a full dose in less than two hours. The doctor, with much ado, had dropped out twelve drops. We remarked: 'just tip out three drops more,' which he did; in less than one hour the patient vomited freely, and every convulsion arrested; and when the brothers that had been telegraphed for reached their father's with the physician, the patient was perfectly calm, and his muscles were undisturbed by the slightest twitch. The sons were lawyers, and men of sense. One of them remarked to the writer: 'It is a perfect triumph; you have immortalized yourself; father was afraid of it.'" The hero of heroic dosing!

"H. G. Barrows, M. D., of Boston, (Mass.,) personally unacquainted: 'I feel a strong desire to add my testimony in favor of the agent (*Veratrum viride*). In cases of fever, and especially in children, I could not do without it. It has wrought wonders in my experience. The unpleasant effects would have occasioned me no anxiety, as these effects are easily controlled.' We do not rest our case on our own experience and testimony as to the safety and efficiency of our remedy, for we are a deeply interested party. But those that sustain us and bear witness to its safety, are professors and teachers that stand high in their profession; men of honest purpose and integrity, and would scorn to state that a remedy was safe that was poisonous and dangerous, and thereby mislead men of less learning and talent in the profession. If the testimony given is not worthy of confidence and reliable, there is nothing human or short of a miracle that will convince."—*Southern Clinic*.

So writes Dr. Norwood, after whom a special preparation of this drug is named. He is an interested party, and that is evident. The indications are few as here given, slow the heart, lower the pulse, and fever, hold it down by increasing the dose. The primary action is to produce nausea, vomiting, and of course prostration, even to spasm of the trachea often met before death. What is the reaction? for the system will resent such violence, evidently fever. Then it is Homœopathic to fever, as well outlined in Cowperthwaite's *Materia Medica*, a loud, strong beating of the heart, quick pulse and a very slow respiration. Is Norwood's tincture any better than that made by our regular Homœopathic pharmacies? I see Burt recommends a fluid extract in preference, but he seems to have a strange liking for Allopathic novelties. But tell us if it is such a harmless remedy and oblige an

ANXIOUS STUDENT.

[Those who use this drug often can doubtless answer this inquiry.—ED.]

Children's Department.

THE USE OF BATHS AND INUNCTIONS IN SCARLET FEVER.

BY H. M. HOBART, M. D., CHICAGO.

Read before the Illinois Homœopathic Medical Association, 1882.

The expediency of the systematic bathing and oiling of scarlet fever patients, like all methods which are purely matters of experience, has been variously considered by different physicians. Some have advised and practiced leaving their patients "alone in their dirt," as they term it, not allowing them to be bathed for three weeks, or until the later stages of desquamation. Not long since I was called several times to see a patient whom the family physician treated after this plan, and as I compared from day to day the results of this method with the results of a systematic use of baths and inunctions and at the same time investigated farther the recorded experience of their use, I was more than ever before convinced of the inestimable value of the hydro-therapeutic management of scarlet fever.

In order to consider the question fairly let us investigate, *first*, the causes of opposition to bathing and the reasons why the hydro-therapeutic treatment if valuable has not been *uniformly* successful; *second*, the *advantages* of bathing and oiling.

Observation shows that many physicians object to bathing in scarlet fever on the ground of a preconceived opinion without ever having carefully canvassed the question; others know of cases where bad results were attributed to bathing and the physician in attendance was blamed; others still claim that bathing and oiling interferes with the action of the emunctories and prevents the development of the rash. In reply to this it is only necessary to say that the rash is developed *between* the pores, and moreover the warm bath

is admitted to be one of the most effective means of opening the excretory ducts and causing free action of the same.

I have never met a physician who has actually found that systematic and judicious bathing has done harm in scarlet fever or in any eruptive disease, nor does our medical literature give such a record. Ruddock says of baths in general that practiced in accordance with proper directions the bath is a potent aid to health not surpassed in importance by any other hygienic habit recommended in his text-book; which fact he goes on to prove from history and experience.

Regarding the *use* of baths it may be stated in a word that the secret of properly administering a bath consists in using water in such a manner and at such a temperature, and in the body being in such a state before and after the application, that the reaction or glow shall be most perfect.

We admit that much mischief has been accomplished when these conditions have not been met; still the recorded experience of most careful observers is clearly in favor of a more general use of bathing in scarlet fever than at present obtains in general practice.

We come now to the *second* point, the *advantages* of bathing and oiling.

Regarding the anatomical changes in scarlet fever, Professor Thomas of Leipzig in "Ziemssen's Cyclopædia" says, "The scarlatina exanthem is an eruption of the skin due essentially to a hyperæmia which consists of very numerous and closely aggregated points about the size of a pin's head whose redness, not very marked in the beginning, at a later stage becomes quite brilliant. Not infrequently, when the exanthem is intense and markedly confluent, there is an increased turgescence of the skin, which then appears stretched and glistening. Besides the hyperæmia of the exanthem there is usually only a very slight œdema of the superficial layers of the skin; but sometimes this œdema is much more considerable, so that one may rightly speak of a slight, general œdema of the skin; and then probably the subcutaneous cellular tissue is also involved in the change to a certain extent. Fenwick found the rete mucosum quite thickened,

containing numerous round cells with large nuclei. The basement membrane of the sweat glands was also thickened, and the lining epithelium was in some places entirely gone, though in most places it had increased in size to such an extent as to occlude the sweat canals. Some sweat glands contained blood, and were thereby irregularly and very much expanded; in other cases the sweat canals and uppermost layers of the epidermis had a hæmorrhagic coloration. These changes were all observed in the superficial layers, while the deeper cutaneous layers were normal throughout."

From these anatomical changes we would naturally expect that baths would modify the effects of the disease and, in conjunction with oiling, relieve the burning heat of the skin, allay itching, and tend to keep in a normal condition the entire cutaneous surface. This is exactly the testimony of experience. Dr. Thomas himself says, "Literature is rich in the records of cases of scarlet fever with a high degree of fever, accompanied by serious disturbances of the nervous system, which have been successfully treated by means of cool baths or properly administered packs; in like cases, therefore, no rational physician should hesitate to employ hydro-therapeutic measures. It has moreover," he goes on to say, "been proved that by the application of these measures the fluxion to the skin is in no way interfered with, but frequently rather favored. Thus the eruption has frequently been observed to come out, or to increase, when, on account of a high degree of fever, the patient has taken a tepid bath or has been in a pack. When the eruption is slow in developing, it may frequently be hastened by the use of mustard poultices, and by anointing the skin with lard. The same means are frequently of use in prolonging for a time an eruption which has a tendency to fade too soon; and such a measure should certainly be attempted if dangerous symptoms appear imminent. In any case," he affirms, "it is judicious to bathe scarlet fever patients; the old prejudice so prevalent against baths and based upon the fear lest the patient may thereby take cold must be laid aside. I feel convinced that the nephritis has been less frequent, and of a

decidedly lighter character, since I have ordered a daily bath, than before I was in the habit of prescribing it. This would lead to the conclusion, that if early in the disease the skin receives the proper care the congestion of the kidneys, which is of such frequent occurrence, may perhaps be prevented altogether, or certainly lessened, and thereby dangerous consequences avoided."

Dr. Ruddock, one of our excellent Homœopathic authorities, speaking from his own experience, says, "Sponging the surface of the body with tepid water moderates the great heat and allays restlessness, quiets delirium, lowers the pulse, and favors sleep. The wet pack, especially at the commencement, is often most valuable. Warm baths, or sponging the body with tepid water, and drinking cold water, are of great importance; they facilitate excretion by the skin, and relieve the congested kidneys. In the treatment of the disease, to promote the free action of the skin is the most effectual means for preventing post-scarlatinal dropsy. It is a well-known fact that albuminuria, and its attendant evils, can be produced in an animal by glazing over half or three-fourths of the surface of its skin. To do so completely would cause speedy death. This shows the importance, in the treatment of scarlatina, of preserving the integrity of the skin. Nothing secures this so thoroughly as the wet pack, or warm baths."

"If there is nothing abnormal in the course of the disease," says Bernhard Baehr, in his "Therapeutics," "a lukewarm bath every morning is sufficient; but if œdema has set in, this is *not* sufficient, as the skin must be kept very active; and the wet pack becomes *indispensable*. Under this management, we have not yet had to deplore a single loss from post-scarlatinal dropsy."

Evidence from excellent authority might be quoted still further if necessary, but sufficient has been given to show that my experience has also been that of many others.

In the epidemic of 1877 scarlet fever appeared in the Chicago Nursery and Halt-Orphan Asylum, and among 120 children we had thirty-nine cases. These I treated, as our

record for that year shows, aided by excellent counsel from other members of the staff and from outside physicians. Each patient was carefully and systematically bathed and oiled with lard or almond oil; there were no anxious parents to object to the free use of water, on the other hand we had competent nurses who learned to give the baths so skillfully that the little sufferers would often beg to be bathed or oiled again before the regular time. This has often occurred also in the case of private patients; they will more frequently ask to be bathed than object to the operation if skillfully handled.

During the seige of scarlet fever in the Half-Orphan Asylum I was so much pleased with the results of the hydrotherapeutic management of patients with this disease, that since that time I have used this method both in the Asylum and as far as possible in private practice, treating in all a large number of cases; for scarlet fever has been more or less prevalent in the city since then and we have had one case or more in the Asylum each year. The result is that all my patrons who were willing to have it used are firm believers in the efficacy of bathing and oiling in scarlet fever; and my experience gives data for the following deductions: 1. That early and systematic bathing and oiling helps to lessen the fever and develop the rash by keeping the skin in a more normal condition. 2. That it lessens the burning and itching and thus quiets the patient. 3. That it tends to prevent the rash from receding and becoming changed. 4. That it lessens desquamation and prevents excessive peeling. 5. That it modifies or prevents the occurrence of sequela.

Among the thirty-nine cases treated in the Half-Orphan Asylum, albuminuria appeared in five cases but was promptly relieved without any serious kidney trouble. Of those having glandular complications lancing was required in one case only.

Eye and ear complications were very few; only one case of suppurative inflammation of the middle ear occurred. This was made a matter of special comment by the late Prof. Woodyatt in his report of the eye and ear department of the Asylum for that year.

Hence in the sixth place this management by avoiding dangers favors a more speedy convalescence.

Society Department.

THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

The twenty-seventh annual meeting of the Illinois Homœopathic Medical Association was held in the club-room of the Grand Pacific Hotel, Chicago, May 16-18, 1882.

The Association was called to order by the president, H. N. Keener at 10.30 A. M. The president then delivered an able address, subject, "Our Status."

On motion Drs. L. Pratt, Wheaton, Geo. W. Foote, Galesburg, and S. P. Hedges, Chicago, were appointed a committee on the president's address.

Auditing committee was appointed as follows: W. J. Hawkes, M. D., T. C. Duncan, M. D., and C. B. Kinyon, M. D.

Dr. S. P. Hedges, chairman of the committee of arrangements, made a report regarding the place of meeting, containing the proposed visit to Cook County Hospital and excursion rates on some of the railroads.

By vote of the Association Dr. N. F. Cooke was given the first one-half hour Wednesday to present his paper on "Antiseptic Medication."

The announcement of the secretary as printed was accepted as the official order of business.

The bureau of obstetrics was then called and W. H. Hall, M. D., read a paper on "Management and Food during the Puerperal State."

Adam Miller, M. D., Chicago, gave a verbal report explaining the use and advantage of a new obstetrical forceps which he had invented. Dr. R. Ludlam thought it might be of value.

By motion of Dr. R. Ludlam, Mrs. Dr. J. N. Wilkins, of Chicago, was invited to present her recently invented obstetrical forceps, which is applied by means of a vacuum pump. This the doctor did and illustrated its mode of action. Dr. E. H. Pratt thought the scalp might be torn from the infant's head by its use.

Dr. T. C. Duncan, committee on organization, reported articles of organization under the laws of the state of Illinois.

Moved by Dr. Duncan that those named in the above articles be a committee on organization, viz.: Drs. H. M. Hobart, L. Pratt, H. N. Keener, Juliet Caldwell, T. C. Duncan, A. G. Beebe, D. S. Smith. Carried. Adjourned to 2 o'clock, P. M.

AFTERNOON SESSION.

Called to order by President Keener.

Bureau of ophthalmology and otology called by Dr. J. H. Buffum, chairman.

Dr. C. H. Vilas, Chicago, read an interesting paper upon "Glasses and How to use Them."

Dr. J. H. Buffum then read a carefully prepared paper upon "Injuries of the Eye by Foreign Bodies and Their Treatment."

Dr. A. W. Woodward, chairman of the bureau of materia medica, read a very important paper, giving a proving of Ferrum muriaticum and clinical cases illustrating its use in disease, and at the same time demonstrating the value of recognizing and prescribing according to the succession of functional disturbance. An extension of time was unanimously given Dr. Woodward in which to finish his paper.

A paper from Dr. T. M. Watson, Griggsville, was then read, reporting clinical cases. The papers of this bureau were then discussed. Dr. L. C. Grosvenor, Chicago, was much pleased with Prof. Woodward's paper. He thought we ought to recognize the sphere of action of each drug by a picture of its whole drug action and not from any isolated symptom. Dr. C. D. Fairbanks, Englewood, had been experimenting and believed that we should more often go higher in dilution and not change the remedy.

The Association, through Dr. S. P. Hedges, chairman of the committee of arrangements, were invited to visit the Cook County Hospital Wednesday, immediately after the morning session. They were to take conveyance at the entrance of the Grand Pacific Hotel, ride to the Hospital, partake of a collation and visit the wards of the Hospital; after their return for a short afternoon session. On motion this was unanimously adopted by the Association.

Dr. L. Pratt, Wheaton, on the bureau of clinical medicine, read a valuable paper upon the "Removal of Carunculae of the Female Urethra by the Use of Medicine," especially recommending the internal and external use of Thuja. The paper was discussed by Drs. D. S. Smith, L. Pratt, Dr. Lobald and Dr. Hill.

Dr. H. N. Keener followed with a paper on "Central Neuroparalytic Hyperhydrosis," reporting a very unusual case.

Dr. H. P. Stipp, Lewiston, read a paper upon "Lithium carbonicum in Urinary Diseases."

By motion the bureau of clinical medicine was made the special order after Dr. Cooke's paper, Wednesday morning.

Adjourned to meet Wednesday morning at 9 o'clock.

WEDNESDAY MORNING SESSION.

Was called to order shortly after 9 o'clock. President H. N. Keener, in the chair. A very large number of physicians present.

According to previous arrangement, Dr. N. F. Cooke, presented his paper on the discoveries and writings of Dr. Declat of Paris. Dr. Cooke followed the reading of his very interesting paper, by a report of cases treated according to the Declat method which were wonderfully successful. The paper was followed by a general discussion. Dr. A. E. Small, and Dr. J. E. Gilman, questioned the value of Phenic acid. Dr. J. W. Hawkes doubted the value of remedies presented in

the shape of proprietary medicine. Dr. R. N. Foster said that he was glad that the society was very careful about receiving the "phenates." Many hundred years had been spent in discovering "curealls." The Lister method was being abandoned. Pasteurs experiments were also of doubtful results. Dr. T. C. Duncan had made a proving of Carbolic acid several years ago, and prostration was a prominent symptom. It *might* be of value therefore in cancer and other like diseases, but at present we have no proof that Phenic acid is superior to Homœopathic remedies. Dr. J. H. Smith reported good results from the use of Phenic acid. Dr. J. W. Hawkes, made a verbal report of cases from practice.

On motion of G. A. Hall, the bureau of diseases of women was made the special order at 4 o'clock this afternoon.

Dr. R. Ludlam invited the Association and all who desire to go with him, to visit the Hahnemann Hospital and see some specimens. They had provided carriages which would be in readiness at 11.30 o'clock this A. M. Dr. Spreng read a paper of Dr. A. E. Small, upon *Acute Rheumatism*.

Dr. W. H. Hall, of Aledo, read a paper upon Pernicious Malarial Fever.

Prof. J. S. Mitchell read a paper by Dr. A. A. Whipple, of Quincy, Ill., subject "Aloes in Chronic Stomatitis Ulcerosa and Intestinal Catarrh."

Prof. J. S. Mitchell, chairman of bureau, then read his paper upon "Cirrhosis of the Liver."

This was the eighth paper presented in this bureau and indicated much interest in the subject of clinical medicine.

Report of board of censors.

The Association adjourned to meet at 3 o'clock P. M., and accepted the invitation extended by the committee of arrangements at the opening of the session to visit the Cook County Hospital.

Conveyances were in waiting and took the members to the hospital, but with only a view of its exterior all were invited to partake of a collation tendered by the Homœopathic staff of the hospital to the Association. This was served in such a superb manner in the Chicago Homœopathic Medical College, opposite the Hospital, that every one was put in a good condition to enjoy a trip through the hospital. Toasts and other pleasantries were indulged in by several members of the profession and then the Association was shown the magnificent appointments of Cook County Hospital. The work being done there reflected great credit upon members of the staff and the Homœopathic school.

AFTERNOON SESSION.

At 3.30 o'clock the Association was called to order by Pres. H. N. Keener.

Resolutions of commendation were presented by the committee on president's address. These were passed and its publication left with

the committee on publication. Supplimentary report of board of censors.

Bureau of neurology and electrology was then called. The chairman, Dr. N. B. Delamater read a paper on Traumatism of the Brain.

Bureau of surgery came next in order. Prof. Charles Adams read a very interesting paper giving the number of cases of fractures, and their method of treatment, in Homœopathic Department of Cook County Hospital, from Jan. 1, 1882 to June 17, 1882. As no one else was ready on the bureau of surgery, that of Diseases of Children was called.

Dr. H. M. Hobart, chairman, read a paper on Baths and Inunctions in Scarlet Fever. The paper was discussed by Dr. T. C. Duncan, who thought that warm baths were Homœopathic to scarlet fever. Dr. L. C. Grosvenor was much pleased with the paper, he however, used Cosmoline instead of lard or almond oil. Dr. J. B. Vivian favored bathing and oiling in scarlet fever, and reported excellent results in the use of bacon grease. He thought the beneficial results came from the Nat. mur. and by keeping the skin in a healthy condition.

The bureau of Diseases of Women was then called according to previous vote. Dr. B. Ludlam read a paper on the Relative Frequency of Diseases of Women in our day. Dr. Ludlam showed two anatomical specimens. The first was a cauliflower degeneration of the ovaries. The second was a suppurative ovarian cyst, with adhesions upon its posterior surface.

The bureau of Diseases of Children was declared to be again in order. Dr. Juliet Caldwell read a paper reporting a case treated by Silicea and also a case of scarlet fever. Drs. T. C. Duncan, L. C. Grosvenor, J. H. Smith, and others discussed the case. Dr. T. C. Duncan read a paper in which he indicated the diseases that he thought most likely to affect children this summer.

Supplementary report of board of censors.

Report of T. C. Duncan on permanent organization. Adjourned.

MORNING SESSION—THIRD DAY.

The Association was called to order at the usual time by President Keener.

The bureau of sanitary science was called and Dr. H. P. Stipp, of Lewiston, read a paper on Sanitary Education.

Discussed as follows : Dr. A. E. Small did not believe in vaccination as a preventative measure against small-pox. Dr. L. Pratt thought we ought to have more united effort to educate the people upon subjects of sanitary science. Dr. Barker spoke against the use of tobacco.

G. W. Foote, M. D., Galesburg, chairman of the bureau, then read a paper on "Pure Air, Pure Water, and Pure, Nutritious Food."

Dr. W. Danforth, President of the Wisconsin Academy of Medicine, believed that the atmosphere was the best disinfectant in the world. People ought to be out of close houses more.

A flat city like Chicago could best secure pure air by erecting large

chimneys one hundred (100) feet high, one on every block, and cause a current to pass up these chimneys by artificial means. Cities of a broken surface need only *open sewers*.

Dr. Sturtevant thought we ought to be more careful about our water supply.

Dr. H. N. Keener spoke of the "Red Cross" society. Several copies were handed to the desk. Supplementary report of the board of censors.

Dr. W. J. Hawkes rose to make an explanation regarding the county hospital staff.

Dr. Duncan raised a point of order stating that it was a personal matter and that the Association had nothing to do with it.

The point of order was sustained by the Association. After considerable discussion a motion to reconsider the vote just taken was carried and Dr. Hawkes was allowed to make his explanation. He stated that he never resigned because he never was a member of the hospital staff. He only declined.

Dr. H. N. Keener reported on the Constitution and By-laws. Dr. H. M. Hobart was elected secretary of the corporation.

Moved by Dr. T. C. Duncan that the secretary be instructed to cast the ballot in favor of receiving all regular members into the new corporation. Moved by Dr. J. E. Gilman that the question of incorporation be laid on the table. Carried.

Dr. A. G. Beebe, treasurer, reported that all who have not paid their dues up to 1879 and those who have not paid their initiation fee are *not members of the Association*.

Prof. Robert N. Tooker read a very important paper upon "Infantile Foods." This paper was discussed by Dr. W. J. Hawkes and J. P. Mills. Both praised Horlick's food.

The bureau of anatomy was called. Dr. E. H. Pratt read an interesting paper entitled "Injuries of the Nerves."

It was stated that A. K. Crawford, M. D., was received into the Association in 1880, and that no record was made of it. On motion of Dr. Duncan he was received as a member. J. B. Vixian, who joined in 1881, was received in like manner.

Adjourned until 2 o'clock, P. M.

AFTERNOON SESSION—THIRD DAY.

Meeting called to order soon after 2 o'clock, Dr. H. N. Keener in the chair.

Dr. N. B. Delamater offered the following resolution, viz.: "I move that the matter of incorporation of the society be referred to a select committee to consist of Drs. G. W. Foote, F. H. VanLieu, J. H. Miller, Dr. Baker and B. C. Kenyon, who shall report with recommendations at the next annual meeting." Carried.

The bureau of pharmacy was called and Dr. C. H. Evans read a paper on the preparation of Phenic acid.

The association then proceeded to the election of officers for the ensuing year. Drs. S. P. Hedges, J. E. Gilman and J. H. Miller were nominated.

Dr. S. P. Hedges, Chicago, received a large majority upon the first ballot and was declared elected. His election was made unanimous. The following officers were then unanimously elected.

First Vice-president—Dr. J. Harts Miller, Abingdon.

Second Vice-president—Dr. Julia Holmes Smith, Chicago.

Third Vice-president—Dr. R. F. Hayes, Freeport.

Secretary—Dr. H. M. Hobart, Chicago.

Treasurer—Dr. A. G. Beebe, Chicago.

Board of censors—Drs. D. S. Smith, Chicago; R. B. McCleary, Monmouth; L. Pratt, Wheaton; A. E. Small, Chicago, and G. W. Foote, Galesburg.

Dr. F. H. Van Lieu, of Aurora, made the report of the bureau of necrology and statistics. He reported three deaths during the past year in the Association. Dr. S. P. Cole died of heart disease at Bridgeport, Conn. Dr. P. H. Hall died of apoplexy in Chicago, February 2, 1882, and Dr. McCann Dunn of acute phrenitis died at Bloomington, Ill., February 27, 1882.

Resolutions of appreciation and esteem for the deceased members were unanimously passed.

Dr. L. Pratt offered a resolution of thanks to the railroads, to the proprietors of the Grand Pacific Hotel, to the daily press, to the staff of the Cook County Hospital for the courtesy in extending to the Association an invitation to visit that institution, also to the Hahnemann Hospital for a similar invitation given subsequently, to the retiring President for the impartial manner in which he has discharged his various duties, and to the committee of arrangements for the satisfactory manner in which they have provided for the entertainment and interest of the Association. These were unanimously passed.

The treasurer, A. G. Beebe, made his report, which had been found correct by the auditing committee. The following are the totals:

Balance on hand at opening of session	-	-	-	-	-	-	\$309.40
Received during session	-	-	-	-	-	-	114.00
Total	-	-	-	-	-	-	\$423.40
Paid bill for legal expense	-	-	-	-	-	-	20.00
Balance on hand	-	-	-	-	-	-	\$403.40

The president announced the following as delegates to other societies, viz.:

Delegates to state societies.—To Iowa, T. M. Watson, of Griggs-ville; to Connecticut, H. P. Stipp, of Lewiston; to Minnesota, R. Ludlam, of Chicago; to Nebraska, H. M. Hobart, of Chicago; to Kansas, J. J. Lobach, of Elmwood; to Rhode Island, Juliet Caldwell, of Chicago; to Missouri, R. N. Tooker, of Chicago; to California, C. Adams, of Chicago; to Massachusetts, L. Grosvenor, of Chicago; to New York, G. A. Hall, of Chicago; to Pennsylvania, J. S.

Mitchell, of Chicago; to New Jersey, R. F. Hayes, of Freeport; to Ohio, C. B. Kinyon, of Rock Island; to Michigan, J. H. Miller, of Abingdon; to Wisconsin, W. H. Saunders, of Chicago; to Indiana, J. P. Willard, of Jackson; to Maine, F. L. Piero, of Chicago; to New Hampshire, N. H. Lowry, of Woodhull; to Vermont, W. C. Barker, of Waukegan; to the Hahnemann Clinical Society—J. B. Vivian, of Galesburg; to the Chicago Academy of Physicians and Surgeons—E. H. Stilson, of Knoxville; to the Northwestern Academy of Homœopathy—Dr. Roberts, of Chicago; to the Western Academy—L. Pratt, of Wheaton; S. P. Hedges, Chicago; R. N. Foster, Chicago; A. A. Whipple, Quincy; M. M. Dowler, Beardstown; R. Ludlam, Chicago; T. M. Watson, Griggsville; R. T. Baker, Davenport; N. F. Cooke, Chicago; W. H. Hall, Aledo; M. Ayers, Rushville; W. O. Blaisdell, Macomb; J. P. Mills, Chicago; W. C. Barker, Waukegan; to American Institute of Homœopathy—C. H. Vilas, Chicago; W. J. Hawkes, Chicago; T. C. Duncan, Chicago; J. S. Mitchell, Chicago; Julia H. Smith, Chicago; D. S. Smith, Chicago; J. H. Miller, Abingdon; G. W. Foote, Galesburg; C. B. Kinyon, Rock Island; J. H. Beaumont, Freeport; J. D. Dickinson, Galva; J. P. Willard, Jacksonville.

The following appointments were made on the bureaus for the ensuing year.

Bureau of Sanitary Science and Hygiene—H. I. Stipp, of Lewiston; E. H. Pratt, of Chicago; W. H. Hall, of Aledo; J. H. Beaumont, of Freeport; A. W. Burnside, of Chicago; R. Harris, of Macomb; G. W. Foote, Galesburg; R. T. Hayes, of Freeport.

Bureau of Medical Legislation, Jurisprudence, and Education—G. W. Foote, of Galesburg; D. S. Smith, of Chicago; S. P. Hedges, of Chicago; A. H. Potter, of Maquon; M. B. Campbell, of Joliet.

Bureau of Anatomy—E. H. Pratt, of Chicago; J. P. Willard, of Jacksonville; C. B. Pillsbury, of Geneseo.

Bureau of Pharmacy—J. E. Gross, of Chicago; E. Perkins, of Aurora; F. H. Newman, of Chicago.

Bureau of Necrology—J. S. Mitchell, of Chicago.

Bureau of Medical Literature—O. H. Crandall, of Quincy.

Bureau of Surgery—Charles Adams, of Chicago; C. B. Kinyon, of Rock Island; G. A. Hall, of Chicago; J. P. Willard, of Jacksonville; A. G. Beebe, of Chicago; J. A. Bell, of Naperville.

Bureau of Diseases of Children—C. B. Kinyon, of Rock Island; J. H. Miller, of Abingdon; W. H. Saunders, of Chicago; J. J. Lobach, of Elmwood; W. H. Buck, of Woodstock; W. F. Knoll, of Chicago; T. C. Duncan, of Chicago; R. N. Tooker, of Chicago; M. H. Goodrick, of Jacksonville; C. F. O. Miessler, of Altamont; Mrs. H. E. Stansbury, of Chicago.

Bureau of Necrology, Psychology, and Electrology—E. Parsons, of Kewanee; Mary W. Burnett, of Chicago; H. B. Fellows, of Chicago; J. B. Kippax, of Chicago.

Bureau of Pathology, Physiology and Histology—J. P. Mills, Chicago; M. Ayers, Rushville; T. J. Merryman, Champaign; C. Mitchell, Chicago; R. B. McCleary, Monmouth.

Bureau of Materia Medica—T. M. Watson, Griggsville, H. M. Hobart, Chicago; H. P. Stipp, Lewiston; W. H. Hall, Aledo; A. W. Woodward, Chicago; W. H. Burt, Chicago; W. A. Paul, Rock Island; T. Bacmeister, Toulon.

Bureau of Clinical Medicine—J. D. Dickenson, Galva; W. D. McAfee, Rockford; J. S. Mitchell, Chicago; H. M. Bascom, Ottawa; Edgar Schmidt, Quincy; M. S. Carr, Galesburg; R. B. McCleary, Monmouth; J. H. Miller, Abingdon; M. B. Campbell, Joliet; W. O. Blaisdell, Macomb; N. H. Lowry, Woodhull.

Bureau of Diseases of Women—R. F. Baker, Davenport; L. Pratt, Wheaton; J. B. Vivian, Galesburg; J. C. Burbank, Freeport; R. Ludlam, Chicago; S. P. Hedges, Chicago; R. N. Foster, Chicago; L. C. Grosvenor, Chicago; W. Danforth, Milwaukee; M. C. Sturtevant, Morris.

Bureau of Obstetrics—S. Leavitt, Chicago; E. M. Hale, Chicago; M. M. Dowler, Beardstown; M. J. Chase, Galesburg; F. L. Bartlett, Aurora; Mrs. J. N. Wilkins, Chicago.

Bureau of Ophthalmology and Otology—C. H. Vilas, Chicago; F. H. Foster, Chicago; J. H. Buffum, Chicago.

On motion the secretary was instructed to notify each member of their appointment for next year.

Dr. Willis Danforth made some extended remarks against the use of Phenic acid.

The full report of the board of censors during the session recommended the following for membership, viz:

Drs. G. H. Carder, A. M. Packer, T. H. Mathews, Mary Weak's Burdett, H. A. Goodhue, Sarah W. Andrews, Geo. T. Roberts, Anna M. Hopkins, C. C. Bernard, H. Irwin, Frank Wheeler, Chas. A. Pushek, Henry Sherry, B. L. Colwell, F. A. Churchill, C. F. O. Meissler, Clyde E. Ehringer, W. A. Foster, Frank R. Doy, Elizabeth B. Donoghue, Geo. L. Greenleaf, W. S. Gee, C. A. Campbell, M. A. Goodrick, F. H. Gardner, E. T. Woodworth, S. N. Schneider, W. H. Buck, C. E. Stenson, W. P. Holyoke, Otto Wagner, C. A. Williams, A. P. Westfall, H. B. Sanders, H. R. Skiles, Geo. F. Shears, M. A. Bowerman, B. W. Conant, Sarah J. Allen, R. H. Curtis, Susie E. Bruce, W. F. Knoll, Edwin Cross. These forty-three in number, were elected members by the society.

The Association adjourned to meet at Rock Island, May 15, 1882.

This closed a very interesting and important meeting of the Association, which was marked throughout by an unusually large attendance.

H. M. HOBART, Secretary.

OREGON HOMŒOPATHIC MEDICAL SOCIETY.

The Oregon State Homœopathic Medical Society held its seventh annual session at Portland, Oregon, May 2, 1882.

The officers elected to serve for the following year were: Wm. Geiger, of Forest Grove, president; A. Pohl, of Portland, first vice president; O. B. Bird, of Portland, second vice president; S. A. Brown, of Portland, secretary and treasurer; L. Henderson, of Salem, corresponding secretary.

Drs. McKinnel, Pohl and C. E. Geiger, of Portland, Henderson of Salem, and Smith of Corvallis were chosen censors. Dr. Geiger,

president elect announced S. A. Brown, C. E. Geiger and O. B. Bird as executive committee.

By vote of the society the legislative committee of last year consisting of Drs. Bird, McKinnel of Portland, and Henderson, of Salem, continued for the ensuing year.

Papers.—Dr. Bird presented his paper, "Deaths from Foul Air." The doctor commented on the circulation and diffusion of gases, described the effects of Carbonic acid and Sulphuretted hydrogen, when inhaled, showing that our worst enemies are the exhalation of our own bodies. Demonstrated that these gases had so produced epidemics and caused death. The doctor thinks the system of Cottier the most perfect device for ventilating buildings, cesspools, etc.

Mrs. Bird presented a paper on the Progress of Homœopathy.

Dr. C. E. Geiger presented a paper on "Locomotor Ataxia," which elicited lively comment.

Dr. Henderson reported a case of anasarca and treatment.

Dr. Wm Geiger read a paper on "Hour Glass Contraction," and reported several cases of the same. Dr. G. thinks these cases more common than is generally believed.

Our session was short of necessity, because our practitioners are busy.

L. HENDERSON, Cor. Secy.

THE HAHNEMANN MEDICAL ASSOCIATION OF IOWA.

This society held its eleventh annual session at Council Bluffs, on May 31, and June 1st, and 2d, at the close of the North Western Academy of Medicine, which convened on the day preceeding.

A. C. Rockey of Iowa City, vice president in the chair.

The following large list of delegates and members were in attendance: Drs. R. F. Baker, Davenport; W. Bancroft, Keokuk; Z. Z. Bryant, Sumner; B. Banton, Waterloo; J. D. Burns, Grundy Centre; S. R. Bebout, Osceola; J. H. Crippen, Waterloo; A. C. Cowperthwaite, Iowa City; D. H. W. Carley, Malvern; J. E. Caldwell, Nebraska City; W. H. Dickenson, Des Moines; Frank Duncan, Osage; J. H. Drake, Mt. Vernon; C. S. Dinsmore, Omaha; H. F. Danley, Bedford; W. Erwin, Indianola; E. A. Guilbert, Dubuque; H. G. Griffith, Burlington; W. T. Grubb, Farmington; C. S. Hart, Omaha; B. F. Home, Keota; A. P. Hanchett, Council Bluffs; J. W. Humphreys, Shenandoah; W. H. Hanchett, Sac City; H. H. Johnson, Greene; J. E. King, Eldora; H. S. Knowles, Avoca; Earnest P. Macomber, Avoca; P. J. Montgomery, Council Bluffs; L. McAlister, Muscatine; S. E. Nixon, Burlington; R. C. Newell, Corning; G. H. Patchen, Burlington; W. H. Pettit, Cedar Falls; D. Pitman, Valisca; P. W. Poulson, Council Bluffs; J. A. Printy, Imogene; T. G. Roberts, Washington; J. G. Rishel, Lewis; T. Seems, Mitchellville; W. W.

Sonter, Toledo; J. S. Sanborn, Taber; W. D. Stillman, Council Bluffs; C. M. Schwarz, Cedar Rapids; W. T. Vergin, Burlington; D. W. Williams, Marshalltown.

In the absence of the president, S. B. Olney, M. D., A. C. Rockey, M. D., presented an address on "The relations of the profession to the people."

After the reading of this address the report of the secretary was read, which showed a flourishing condition of the society. He tried to apologize for not having the proceedings of last meeting published, by declaring that THE UNITED STATES MEDICAL INVESTIGATOR would not do so without pay. As the whole membership have had correspondence enough with the above journal to know its extreme willingness to publish all proceedings and papers when furnished, this was regarded we are pleased to state by all present as being a poor excuse for the secretary's own negligence.

The treasurer's report showed the society to be in a sound financial condition.

AFTERNOON SESSION.

The committee of legislation presented a hopeful report of progress through the chairman, E. A. Guilbert, M. D., which was received and adopted.

The Bureau of *Materia Medica*, was opened by a very carefully prepared and interesting paper on remedies in Puerperal Eclampsia, by B. Banton, M. D. This paper elicited warm discussion by many of those present, with success for the well selected Homœopathic remedy. *Gels.* was the sheet anchor with several. We shall expect to see this paper in print at an early day.

H. G. Griffeth, M. D., next presented an able paper on "a Proving of *Sabina*," which was followed by an interesting paper from T. G. Roberts, M. D., on "*Kali phos.*"

A. C. Cowperthwaite, M. D., on "*Phosphorus*" was an interesting paper, and was given marked attention by the society. This with the preceding papers we shall look eagerly to see them appear in your excellent journal.

P. W. Poulson, M. D., presented a very thorough paper on "Dynamics in Medicine."

After some discussion of these papers adjournment was had until

EVENING SESSION.

At which time discussion was entered into on the papers presented by the bureau of *Materia Medica*, after which the bureau of Clinical Experience was taken up and a paper on "*Ovarian Abscess*" by J. D. Burns, M. D., presented when adjournment was had.

SECOND DAY.

New members. The board of censors reported favorably on the following who were duly received into full membership:

Drs. S. R. Bebout, D. H. W. Carley, H. F. Danley, Johanna Distro, Frank Duncan, Wm. Erwin, A. P. Hanchett, W. H. Hanchett, J. H. Humphrey, H. S. Knowles, Ernest P. Macomber, L. McAlster, P. J. Montgomery, H. C. Newell, J. A. Printy, C. M. Schwartz, W. D. Stillman.

Bureau of Clinical Experience continued from last evening with S. E. Nixon, M. D., on "Abscess of Kidney" discharging through the bladder in which he extolled the virtues of our antiseptic remedies.

J. E. King, M. D., chairman of the bureau presented a paper on "Varicosis," his mode of treatment is absolute quiet, bandaging and strong acid wash with Ham. internally. At the close of this bureau as had been previously arranged. The election of officers for the ensuing year was taken up, which resulted in the choice of the following :

President—E. A. Gullbert, M. D., of Dubuque.

Vice President—D. W. Williams, M. D., of Marshalltown.

Secretary—H. G. Griffith, M. D., of Burlington.

Treasurer—J. H. Crippen, M. D., of Waterloo.

A letter was received by the secretary and presented to the convention, from the son of Dr. Olney, of Fort Dodge, the retiring president of the association, explaining that his absence from the meeting of the association was due to a sudden and severe illness.

The secretary presented a communication from the Nebraska State Homœopathic Medical Association, accrediting as a fraternal delegate to this society, Dr. Dinsmore, of Omaha, who was given a cordial reception.

BUREAU OF SANITARY SCIENCE.

An especially interesting and valuable paper was presented by R. F. Baker, M. D., chairman of the bureau of sanitary science. The doctor advocated the sanitary regulation of prostitution, and the views presented naturally called forth quite full and free expressions pro and con. This discussion was of more length and seemed to excite more interest than any of the day, and was participated in by many.

G. H. Patchen, M. D., followed with a paper, full of practical suggestions, in which he deprecated shutting invalids from fresh air and sunshine, and advocated encouraging drinking freely of good water, also favored their remaining at home where they could have care of home and friends.

W. Bancroft, M. D., with a paper in the same bureau, maintained that invalids would be more likely to recover at home by a change of occupation, taking plenty of air, etc. For instance, when a person finds his lungs weakening, take up the butcher trade. The doctor also holds that germs are not the cause of disease but the result of it. All the papers under this bureau were now animatedly discussed, some claiming that the germ is the cause of disease, others that the germ is the result of it.

T. C. Duncan, M. D., editor of *THE UNITED STATES MEDICAL INVESTIGATOR*, sent a letter expressing his regrets at not being able to be present, and asking for full proceedings and papers for publication.

In the evening a banquet was served at the Ogden house, which proved a pleasing social and festive relief from the more laborious features of the association's doings.

THIRD DAY.

E. A. Guilbert, M. D., reported from the bureau on medical education, his paper urging the paying of less attention to didactic teaching, and more to reviews and examinations.

A. C. Rockey, M. D., presented from the same bureau a paper on "Our Duties as Preceptors," in which he urged stringent instruction, and the demanding of a preliminary education on the part of students.

From the bureau of surgery, several elaborate papers were presented. J. H. Crippen, M. D., presented a paper on "Stricture of the Urethra," and its treatment by means of dilation. S. E. Nixon, M. D., one on "Fistula of the Anus." A. P. Hanchett, M. D., gave a general paper on the relation of Homœopathy to surgery.

The following committee on legislation was appointed: E. A. Guilbert, J. D. Dickenson, and W. D. Stillman.

The following were named as the chairmen of the several bureaus for the coming year:

Medical Education—B. Banton, Waterloo.

Eye and Ear—S. E. Nixon, Burlington.

Obstetrics, etc.—E. A. Guilbert, Dubuque.

Clinical Experience—F. B. House, Keota.

Surgery—P. J. Montgomery, Council Bluffs.

Medical Electricity—J. E. King, Eldora.

Materia Medica—D. W. Williams, Marshalltown.

Some other business matters of minor interest to the public were transacted, after which adjournment was taken to meet next year in Dubuque.

The session has proved one of great success. Nineteen new members have been added, making the present enrollment between 130 and 140. The association was organized first in 1862, but the war times caused an interruption and it was reorganized in 1870, since which time there has been a steady growth in numbers and in interest.

ONE WHO WAS THERE.

Phosphorus and Arsenic.—Cornil and Brault (*Gaz. Hebdom. de Med.* 13 Jan. 1882, p. 27) have experimented upon the lesions induced by the administration of Phosphorus. They find that a non-inflammatory fatty degeneration at once sets in, attacking the liver, kidneys, and lungs. This fatty degeneration is speedily followed by complete destruction of the cellular protoplasm and nuclei. When Arsenic is administered, similar pathological changes are produced; but these are less regular than is the case with Phosphorus, and the lungs are the organs most frequently attacked.

Medical News.

Profs. J. W. Streeter and Chas. Adams are surgeons of the First Regiment Illinois National Guards—our Chicago crack regiment.

The Women's Own, Indianapolis, says: The Homœopathic doctors that met in convention here two weeks ago, were big headed, intelligent, cleanly looking fellows. They ate \$800 worth in one night.

The Clinics are running full at the Chicago Homœopathic College and the Hospital. Already students and physicians are coming in to enjoy these unusual advantages. The children's clinic, every Thursday morning is especially interesting.

New York Ophthalmic Hospital report for the month ending June 30: Number of perscriptions, 3883; number of new patients, 760; number of patients resident in the Hospital, 21; average daily attendance, 148; largest daily attendance, 208. CHAS. DEADY, M. D.,
Resident Surgeon.

Guiteau and Phymosis.—The latest that has developed by the report of Drs. Sawyers and Hartigan is that Guiteau had phymosis. This *might* account for his strange actions, but if this was his condition the experts were a queer crowd that they did not examine both ends of that subject. Now the question will arise: how much has phymosis to do with insanity or monomania? The autopsy given on another page and the comments by Prof. Delamater will be read with interest. Something more may be looked for in our next number.

Prize Essay. \$1000 Offered.—Dr. J. C. Warren, of Boston, represents the donor of a Prize of \$1000 for the best essay: "The Probability of the Discovery of the cure for Malignant Disease, and the line of study and experimentation likely to bring such a cure to light." Essays must be presented not later than December 1. 1883. The decision will be made chiefly, from a practical standpoint, the object being to gain light on the cure for cancer. This is the largest prize offered for a literary or scientific production, and it ought to bring forth good fruit. No Homœopath need apply.

Dishonest Honors.—Dr. Buchanan of Philadelphia, could never have disgraced the medical profession, with such a wholesale of diplomas, had there not been men just as dishonest, who were willing to obtain them without meriting them. The *Pacific Medical Journal* gives the name in full of a St. Louis pharmacist, who writes to the California College of Pharmacy, begging them to grant him a diploma *at any price*. His reason is, that he has not time to attend a course of lectures in his own college, but a recognition from abroad would give value to his standing. Such a man should be ostracised from the circle of pharmacists in St. Louis, as completely, as Dr. Buchanan has been from the medical profession of the entire world.

Test for Morphia.—Jorissen (*Zeitschr. für Analyt. Chem.*, Band xx, p. 422) proposes a new and delicate test for morphia. A solution of the alkaloid, free from foreign materials, is evaporated to dryness, and the residue is heated in the water-bath with sulphuric acid. A minute crystal of ferrous sulphate is added, and stirred with a glass rod. The mixture is heated for a minute longer, and poured into a white capsule, containing about half a fluid drachm of strong solution of ammonia. The morphia solution sinks to the bottom, and a red color—violet at the margin—forms where the two liquids touch, whilst the ammoniacal liquid becomes blue. Codeine does not give this reaction, which succeeds with one-tenth of a grain of morphia.

Chicago as a Summer Health Resort is growing in importance. While in the East and at other points the heat has been excessive, in Chicago it has been delightfully cool. We are having quite an afflux of visitors, and many children. The cool drives by the lake and in the many parks are very invigorating in the morning and evening, and the good opportunity to get skillful physicians and any kind of infant's food even to good wet nurses, make Chicago an attractive summer residence for mothers. With all the attractions offered by pleasure resorts in various parts of the surrounding country, added to the inducements offered by our many railroads, the number of Chicago families who leave for the summer grow less every year. Many go away in the early summer for a change for a week or two, or on a short vacation, but soon return with the feeling that there is no place like Chicago in summer. Very few Chicago physicians leave this city during the summer months, consequently when the absent families get sick, they return at once to cool Chicago with its many comforts. We have had sick cases come away from Long Branch and other resorts. For convalescents there is no place to be compared with Chicago.

Homœopathic Department University of Michigan.—Graduating Class, June 29, 1882. At the recent commencement of the University the following named members of the class were duly graduated: A. L. Ambrose, Lake Ridge, Mich.; Chas. H. Brucker, South Lyon, Mich.; H. L. Clark, Aylmer, Ont.; Evelyn A. Churchill, La Porte, Ind.; Albert S. Dolan, Guilford, N. Y.; Wm. H. Davis, Aylmer, Ont.; Benedict Einarson, Iceland; Olive L. Eddy, Mexico, N. Y.; Walter I. Howard, Detroit, Mich.; John Hunter, Ann Arbor, Mich.; Wm. E. Jones, Ann Arbor, Mich.; Thos. J. Turner, Quincy, Ill.; Wm. E. Vananda, Brookfield, Mich.; J. W. Vidal, Randolph, N. Y.; Jane E. Walker, Salem, Mich.; Chas. G. Wilson, Sturgis, Mich. Dr. A. J. Sawyer, of Monroe, Mich., has just given his large and valuable pathological collection to the Homœopathic Department of the University. These specimens the doctor has gathered from his large surgical practice during the past twenty-five years, and they have been cased and labeled "The Sawyer Collection," and will add much to the growing museum of the college. All our colleges deserve just such princely gifts.

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Therapeutical Department

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

GLEN FALLS, N. Y., July 26.—Prevailing diseases are: For ten days diarrhoea and dysentery; not much sickness to report. Remedies used: Nothing special, only as indicated; a variety of remedies. D. H. BULLARD.

LEWIS, Ia., July 27.—Have just passed through quite an epidemic of mumps, prevailing among adults and children alike, who were subject to it. Owing to much rainy and unusually cold weather, metastases to the stomach, mammae and testes, among the older ones were quite common. Remedies used: *Bell.*, *Merc. bin.*, and for the enteric symptoms, *Puls.* Weather fine the past few weeks, and not the usual amount of sickness common to this season of the year, in short it is "distressingly healthy," whereof I am glad. J. G. RISHEL.

ALLENTOWN, Pa., July 25.—So far this summer we have had nothing unusual. Mild cases of diarrhoea and dysentery which were easily controlled by *Merc. cor.*, *Ars.* and *Ipecac.* In the spring we had a number of people complaining of pleuritic pains and rheumatism, which *Bry.* and *Cimicifuga* controlled. During the winter we had small-pox in a severe form so that business was for a time very much depressed. I was elected health officer of this city on January 1, by an *Allopathic Health Board* when small-pox scared almost every body here. Having the records in my possession, I can inform you that we had 244 cases of small-pox to this date since November 7, 1881. Deaths to date, fifty-two. Vaccination was the great preventive. In my families where I attended the cases, I was very successful in giving *Variolinum 6*, as a preventive. Homœopathy did well in this epidemic. At the end of the year I will give you a full account as health officer of this city.

F. J. SLOUGH.

A FIGHT WITH PHTHISIS.

[Dr. M. Ayres, one of our most promising physicians seems to be a victim to phthisis. In his study of consumption he believes that it may be arrested or held in check, if not cured by proper respiration. He promises to give us his method. Of his struggle he writes as follows:] I have had two brothers die of consumption within eighteen months, and last fall woke up to the idea that of the three of us who were left, two of us were going fast, myself faster than any. I saw that something must be done and that immediately, so since then I have devoted my whole time and attention to the investigation of lung troubles. Now believe I can solve the problem of phthisis, tuberculosis.

All my friends and several prominent physicians advised me to leave this state, or die within twelve months. At present my cough has entirely left; hectic fever entirely de-

parted; night sweats a thing of the past, and my weight, which was a year ago 165, and reduced in the winter 142, has increased to 178. Although the result in my case has been so favorable, I have missed it in others, but the majority have been greatly benefitted.

Can I hit it in *all* is my study and can I keep myself in this condition, is *my work*, and reputation, success in general practice, is nothing compared with my own health.

I have determined to fight the disease right here, till I prove to my satisfaction that it is a controllable disease, or not. Nothing compares with my interest in this business.

My note book lately seems to consist of nothing but *lung troubles*, all others are at a discount. You see I have a brother and sister, and two dear little girls, who *may* be victims of this malady, unless I can throw it off, and that is my life study. Am expecting to be in Chicago soon and investigate this disease, and desire to make some dissections to prove what I believe now as a hypothesis only.

RUSHVILLE, Ill.

MORTIMER AYRES.

ON HIGH POTENCIES.

BY J. W. CLEMMER, M. D., COLUMBUS, OHIO.

Read before the Ohio Homœopathic Medical Society, and published by request.

"Great and high,

The world knows only two, and that's Rome and I,

My roof receives me not, 'tis air I tread,

And at each step I feel my advanced head

Knock out a star in heaven."

The doctrine of high potencies has been tossed to and fro on the angry waves of discussion and ridicule, until it has become a galling shame. It comes to every thoughtful Homœopath for consideration and final acceptance or rejection. This has resulted in the two well known factions, the high and the low potency men. They agree as to the essential features of Homœopathy, but so soon as the red flag of potency is exhibited in the arena of discussion, they rush

upon each other with a desperation equalled only by bovine madness. If there is anything morally certain in our school it is the dilemma of potency, one of whose horns you are bound to accept, only to be gored by the other. And it is just as certain that the theory of dynamization deserves respect, or else it is the most contemptible heresy that ever stained the history of medicine. The truth or falsity of this mooted question, is of so much importance that the adjustment of its claims merits our best effort.

The first step necessary to intelligent discussion is the abolition of the triune enemy of truth, and these are partizanship, prejudice and intolerance. These are hostile to progress, and science detests them as the born cowards of dogmatism. Honest research owes allegiance to no faction, and recognizes no master but truth. Principles rise higher than men. Servile obedience to the imperial authority of founders and authors, sows the seed of obsequious falsehood. The value of leaders and books lies in the exposition of truths and not in the majesty of leadership and authorship.

The teachings of Hahnemann are of little value only as they support the truth of Homœopathy. Bigots and partizans may be true Hahnemannians, but they cannot be true Homœopaths.

A despicable hero worshipper lauds Hahnemann to the skies, worships him as the Messiah of medicine, looks upon his writings as inspired truth, and asks his disciples to follow by faith where reason cannot enter.

The high potency men are the self constituted faction of true Hahnemannians, whose limited horizon includes nothing but the teachings of "the master." These are a race of mimics, whose paragon is found in Hahnemann. They copy him in all things and follows his teachings to a letter. They ape his weakness as well as his strength. They insist upon high potencies as though dynamization and Homœopathy were turned out of the same mould. They argue that the imponderable dose must preserve our system, or see it tumble to decay. It is the very heart of Homœopathy whose pulsations are detached in all the arteries of prestige and popularity.

By some *hocus pocus* the use of high potencies implies the necessity for keener perception and finer discrimination than are required in the use of low attenuations. Thus it happens, that just in proportion as a physician ascends the scale of potencies, he becomes covered with greater glory, and glitters more in the eyes of proud imitators. There is something about Hahnemannianism that makes its votaries arrogant and intolerant, haughty and virulent, and few escapes the contagion. Self aggrandizement steps to the front, fills our journals with the report of clinical cases in testimony of high potencies, while truth weeps at the graves of unreported cases, whose only record is found in the infamous deeds of party prejudice and self promotion.

The Hahnemannian Homœopath cannot escape the charge of selfish devotion and bigoted intolerance. He worships dynamization, but stigmatizes his low potency brother as a mongrel and a seceder.

He usurps the throne of Homœopathy and dictates with despotic authority, what shall constitute its principles, its policy, its practice and its destiny. This tyrannic rule craves the subjugation of the Homœopathic world, and would thus murder liberty of opinion, hush the voice of unbiased judgment and cut off the avenues of development and prosperity.

A discussion of the high potency question has been held as a sort of holy ground to be occupied only by its devotees. No one, it is thought, can be so recreant and presumptive as to enter upon this sacred spot, only to do homage to the goddess of dynamization. This is another curse of the stillest faction imposed upon Homœopathy, but science holds nothing too sacred or difficult for its analysis. As diamond only can cut diamond, so science alone can test and develop science, and if the doctrine of high potency is ever to find a home in a system of true science, it must answer the demand of science—at least the modest behest of common sense.

There is a traditional error prevalent that a spirit like fineness of attenuation is attained by trituration, and that crude insoluble substances, thus subjected to the mysterious-

influence of the pestle, are made soluble in the third degree by addition of water or alcohol. Upon this violent assumption, high dilutions of metals and other hard substances are prepared and used in practice. Many of these preparations were used for provings, which, together with their "cured symptoms," go to make up a part and parcel of our boasted pathogenesis. The doctrine of the solubility of insolubles transcends all knowledge of chemistry. It is a physical impossibility and a palpable absurdity accepted by the Hahnemannian dupes as a grand discovery in physics to mend the breach inflicted by potentization. When it becomes necessary to outrage the fair name of science in order to cover the great gaps of extravagant presumption, it is high time that a rational investigation should clutch error by the throat.

The microscope of late years has completely exposed the fallacy of this doctrine. "Error traveled around the world while truth was putting on its boots," and to-day the sentimental conservatism of the high dilutionist, with a characteristic allegiance to the dogmatic authority of Hahnemann, endeavors to support traditional error in opposition to scientific truth. The argument afforded by the merciless scrutiny of the microscope has never been refuted, except by the rattle of verbosity and invective abuse. When this is accepted, as it must be, orthodox opinions of triturations must undergo radical change. The united testimony of microscopists is to the effect that trituration of hard insoluble substances affords limited comminution of particles, whose number is not increased after the first, so that in ascending the scale they become less and less, and finally disappear. The facile pen of opposition may produce rhetorical evidence and spread the praise of high potencies, but the invincible facts of microscopy are mightier than the gifted tongue of party rule, and will survive the bickerings of factions to polish the great truth of Homœopathy.

Dr. C. Wesselhoef, of Boston, in a very able article on the "Microscopic Examinations of Metals," read before the American Institute of Homœopathy in 1878, handles the subject with scientific ability. Speaking of *Aurum met.* he

says "The second trituration exhibits the gold particles with perfect distinctness but less numerously, a hundred or a hundred and thirty being in the field at a time. They possess precisely the same dimensions as those of the first trituration, i. e., from 1-600th mm, to 1-1800th mm, nor does the most careful repetition change this result. The third trituration permits but three to five particles of gold to appear in the field at a time, and not without patient search through many specimens. In numerous instances the gold is not found at all. When found and measured the particles are found of precisely the same shape and size as in the two preceding triturations. Neither will the most advantageous light, whether that of the sun or lamp, nor manipulation of objectives and mirrors disclose any smaller particles of gold." Speaking of the particles of precipitated gold he says: "To my surprise they were of exactly the same size as in the triturations, which, though carefully made with the sugar of milk had not reduced the particles of precipitated gold at all." Iron behaves much like gold. By examination of the three decimal triturations of copper he found that "the particles of metal did not vary in the least in dimensions from those of the pure untrituated copper powder." Pure Silicea according to his observations consists of particles measuring from 1 mm, to 1-1800th mm, in diameter. In a specimen from the first trituration containing equal parts of the Silicea and sugar of milk, the particles presented the same dimensions as in the crude drug, "except that the largest were reduced to about one-half mm; while a sample of pure Silicea trituated by itself without sugar of milk had particles measuring from 3-100th mm, to 1-1800th mm, showing that only the largest particles had been reduced." He continues: "In this imperfect state of solubility Silicea is not soluble so far as known. We are forced to the conclusion that whenever a solution of Silicea trituration has been used in provings or in disease the result should be set aside as unreliable." Other metals examined gave much the same results, and Dr. Wesselhoeft concludes:

"On reviewing the results we arrive at the conclusions

that metals and other insoluble substances are not reduced to a greater degree of fineness by successive triturations; in many instances if the substance is an impalpable powder at the out set it is not reduced any more by trituration with the sugar of milk; in other instances it is not reduced beyond the first trituration. If extreme fineness, as hypothetically assumed, could render metals soluble in water or alcohol, it is now made certain that no such degree of fineness is reached by the method of trituration as hitherto practiced, considering the fact that such particles of matter do not reach beyond a size recognizable as coarse microscopic objects. Hence we are forced to the conclusion that solutions, dilutions and dynamizations are impossible even after triturations "carried up" much higher than the third, and that, if these substances are used in practice their third centesimal trituration may be admitted as the limit to which some particles may have been carried. In this light trituration is only an excellent and safe method of dividing the dose, nothing more. The hypothesis or belief in the transmission of the dynamic force of matter to a vehicle like sugar of milk, water or alcohol, after the material portion has ceased to be present and is left behind, can have no weight."

Such observations created much attention and concern, though they were not the first of this character presented to the Institute, as in 1876 a paper upon this subject was buried in a committee instructed to "not publish." But facts of such vital importance rose like Banquo's ghost to assert themselves without fear or favor at the bidding of Professor Wesselhoeft.

Other microscopists, as Drs. Edwards Smith, Deschere and Houpt afterwards came to much the same conclusions, and differ immaterially with Drs. S. A. Jones, Buchanan and Mayerhofer. The editor of the *British Journal of Homœopathy* in the number for October, 1880, makes a valuable and unpartizan review of the contributions of these microscopists, and says: "The concurrence of all observers shows that a large proportion—about one-third—of the drug undergoes

nothing but course comminution; that much of the finest subdivision is already reached in the first step of the process and that at the succeeding stages there is a progressive diminution in number of particles present. We cannot, therefore, say with precision that a grain of the third centesimal trituration represents a millionth of a grain of the original substance. All we can affirm is that it contains an indefinite number of more or less minute particles thereof; and those hardly smaller while certainly fewer than would be furnished by a similar proportion of the second potency. It begins to look as if Hahnemann was wisest in his earliest practice with trituration, in which the first was used for provings and the second for medical purposes. We hardly seem to gain anything by going beyond this point."

In Hahnemann's time there was a prevalent belief in the infinite divisibility of matter. The rapid strides of natural science since his time is due largely to the discovery of its molecular constitution.

An atom is the least conceivable portion of matter. Atoms of different elementary substances unite in definite proportions to form compounds, and the unit of union is called a molecule. Atoms of different elements are of unequal weight and unite according to their combining numbers. Hydrogen being the lightest substance known is made the standard; its combining number, therefore, is 1. Oxygen weighing eight times as much, its combining number is 8. The union of these two gases to form water is necessarily in that proportion, *i. e.*, an atom of oxygen weighing 8 unites with an atom of hydrogen weighing 1. A like definite combination of atoms in any compound is necessary to a union of its constituent elements. The molecular doctrine has been verified by chemists and physicists working along different lines of investigation, and attested by numerous experiments. It teaches that the physical divisibility of matter is limited to the molecule, which is the least particle of matter to preserve its native properties, and that when the molecule is decomposed by chemical action the natural qualities of the substances are destroyed. Water may re-

ceive a fine attenuation by diffusion or vaporization, or chemical action may break up its molecules resulting in the production of its original elements. Two gases take the place of a single fluid with altogether different properties. Water as such has been destroyed. This is true of all compounds.

From this it is evident that the attenuation of liquids according to our method of dilution cannot go beyond the molecule. To doubt this is to question the basis of physical science. Even if it were possible to divide and subdivide until the ultimate atom was reached in the preparation of medicines the original qualities of the drug would be destroyed.

If it were possible to attenuate *Nux vomica* beyond the molecule, *Nux* as such would be destroyed. Decomposition of its particles would result, not in a potentized remedy, but in hydrogen, oxygen, and the like.

The revelation of modern science as to the minute constitution of matter is truly wonderful. From its teachings it would seem that even the high dilutions would not exhaust them. Imagine a drop of water magnified to the size of the earth, its constituent molecules would be represented by shot having interspaces and motion. Sir William Thompson and Prof. Clerk Maxwell, authorities among physicist, estimate the diameter of an atom so small that two millions in a row would measure but a millimeter, and that the cube of 1-1000th of an inch would contain between a hundred billion and ten thousand billion. Supposing these to be of oxygen and hydrogen to form water Sorby calculates that 4,000 billion of molecules of water would occupy this space. From these data Drs. Sherman and Wesselhoeft have calculated that the particles of a liquid drug are exhausted in the eleventh centesimal dilution.

Crook's discovery of a fourth state of matter can not alter these calculations, as the radiant molecules are not assumed to be smaller, and their activity is rather an exhibition of natural forces than the properties of matter. These phenomena are observed in the millionth of an atmosphere, and

represents "radiant matter" whose tenuity, it has been shown, is equivalent only to our third dilution. At the twenty millionth of an atmosphere the phenomena cease altogether.

The atmosphere itself is thus shown to consist of myriads of delicate material points. The odor of the rose, the infection of disease, and the diffusion of the poison ivy are by means of finely attenuated matter.

The acute sense of smell possessed of the dog enables him to trace his master and his prey by means of bodily emanations representing matter in a high degree of attenuation. The third dilution of the frogs semen has fecundated their eggs. Chemical re-agents are able to detect matter in the third attenuation. The spectroscope reveals it in the eighth. M. Davaine caused fatal septicæmia in rabbits by inoculation with the ten trillionth of a drop of septic blood. This represents the 14th decimal dilution. Science and observation attest the fact of extreme attenuation of matter; but they also recognize a limit when subjected to the rapid exhaustion of our methods of dilution and trituration. Molecules, though wondrous small, are not infinitely small, though countless, are not infinite in numbers. The tiny drops that make the mighty oceans, lakes and rivers of earth are innumerable, but not infinite, and so the countless millions of molecules in a single drop find a limit somewhere. According to the best scientific data they do not reach beyond the eleventh centesimal dilution. Scepticism and analogy may argue that this is only an approximation, but that this is a near limit all human reason and experiment affirm. Septic blood is a very delicate test showing what degree of attenuation is capable of effecting physiological changes, but the septic poison ceases to act after the fourteenth dilution. Chemical reagents will not detect matter in the fourth. The absorption band of the spectroscope disappears at the ninth. Odors soon become lost by diffusion. Abnoxious gases and diseased germs soon become ineffectual by dilution and diffusion with the atmosphere.

That drug material may be carried higher in the scale of

dilutions than is warranted by scientific data and actual tests is extremely problematic; that it exists in the lower attenuations up to the tenth decimal is certain; that it exists in the so-called high potencies, when honestly made, is not only doubtful, but impossible. That liquid drugs should be diluted according to our method of preparing medicines, and some of its particles be continued up into dilutions numbered by thousands and millions is the most colossal absurdity ever perpetrated upon the credulity of man. Think of the amount of diluent necessary to dilute one drop of the tincture to the 30th decimal. By actual calculation a mass sixty one times greater than the earth. This is only a medium dilution. For the higher potencies all the planets and systems of worlds in the universe, all the starry host of heaven, could not measure the menstrum that is to contain the molecules of a single, innocent drop of liquid. This seems a hyperbole, but figures indicate that it is a plain statement of fact.

Although Hahnemann was a medical philosopher, his writings betray weak and intenable doctrines. Such are the theories about a vital force, psora, medicinal aggravations and dynamization. They are the burdens of the true Hahnemannians, and foist all the embarrassment and ridicule upon Homœopathy, whose parasites they are, nothing more.

Dynamization, the only one of these to be noticed here, was not advocated by Hahnemann until 1824, in the third edition of the *Organon*. The later editions more fully emphasize this transcendentalism.

It hypothecates that trituration and succussion disengages drug force from drug matter, and conveys it to a vehicle. It is assumed to be developed, increased, controlled at pleasure and carried up in the process long after drug matter ceases to be present. Drug force is increased while the number of drug molecules is decreased. It continues to potentize an endless quantity of vehicle after its embodiment is left behind. It ignores the narrow confines of drug substance and its remedial efficacy is limited only by infinity.

Hahnemann taught that a peculiar spirit like, dynamic force is developed by succussion, and that powerful dynamizations are thus created by the reckless manner of carrying dilutions in pocket cases. He recommended the administration of medicines by olfaction. Thus he disengaged himself from all materialism in medicine, to dwell in the land of disembodied drug-spirits.

For the sake of truth let us adhere to common sense. The process of preparing medicine is nothing more than the exertion of mechanical force, perhaps attended in a few instances of trituration by slight electric phenomena. Its object is the comminution of particles in order to develop more contact surface. The force exerted does nothing more than overcome the power of cohesion that binds the particles together. As the power of cohesion is a property of all matter, excepting gases, this is not the force assumed to be developed as the medicinal agent. There is no evidence of change in the drug material save that of subdivision.

How is it possible for succussion and trituration to transplant force from one substance to another. What relation or affinity is there between drugs, and their dilutents, that the disembodied spirits of one should enter the other. Neither catalysis nor chemical action, mechanical power nor magnetism, in fact none of the known forces is discovered in the flood light of science playing this role. Nothing but an unlimited credulity is able to span this gulf. What really takes place according to the theory of high potentists we are not informed, and their explanations and assumptions are so contradictory and visionary, that in spite of their tautology, there is not to-day, after fifty years of indigent existence, an intelligent definition of dynamization. The inscrutability of nature is argued to support this theory of drug action. No where do the mysteries of nature conflict with science as dynamization does. Besides mysteries are facts. The spots upon the sun's disc, the movement of glaciers and the blush of modesty may have hidden causes, yet they are, nevertheless, existing realities. Whereas dynamization is only a mooted question, much less a

settled fact. Sealed mysteries are brought into court to testify in favor of dynamic medicine. Their analogy does not prove the truth of dynamization, but simply shows that it is mysterious, on condition it is true.

According to Hahnemann, division and subdivision of drug particles are necessary to the development of dynamic force. It has been abundantly shown that in case of trituration of hard substances, subdivision ceases even at the first step of the process. Trituration dilutions like dynamizations assumes further comminution, but this condition is not supplied. Hence it is inferred that dynamization is no less faulty than the doctrine of the solubility of insolubles. Now, if it is admitted that dynamization depends upon attenuation at each potency, its development must cease with drug matter. But as already proved even liquid drugs are exhausted long before the so-called high potencies are reached. According to this view there is no difference between dilutions and dynamization. Hahnemann avoids such a conclusion by adding contradiction to confusion, and essays a distinction between the two. (*Organon*, foot note to paragraph 270.) The distinction is made in such a way that the whole theory, by the weight of its own folly sinks beneath the notice of scientific investigation, which it contradicts and ignores. If dynamization means anything more than dilution, it must be assumed that drug force is conveyed to a vehicle, but there is no known law or relation admitting of the transition.

Matter and force have such fixed relations to each other that all forms, including organized beings are developed according to laws governing their behavior. Life itself embraces all those forces upon which its phenomena depend.

The grandest conception of modern science is the correlation and conservation of forces. This play of forces is not limited to inorganic chemistry, but attends all the processes of physiological organization. Matter and force constitute the universe. They are inseparable and indestructible, though they may undergo various changes and take on new forms. Matter is not only acted upon, but is

itself intensely active. Atoms are vehicles of motion, and matter-motion is every where present. Force is not an entity, but constitutes the kind and degree of matter-motion, which in turn characterizes different substances. *Drug force after all is nothing more than the matter-motion of its particles.* Force is an attribute of matter and cannot be exhibited without it. Its amount depends upon its material agency. A ton of coal represents a certain amount of heat. The quantity of electricity depends upon the number of cells. There is a fixed relation between matter and force that is controlled by natural law. These are the grand principles underlying all science violated by the pet theory of dynamization, which not only assumes to develop force while its material agency is decreasing, but to continue its development after its native embodiment ceases to be present.

It is no more possible to develop force under such conditions than it would be to produce heat from ashes, nor, in the light of science, is it any more the part of wisdom to make the attempt.

All science opposes such a chemical view of drug action, and like common sanity looks to drug presence for drug effects. The transmutation of drug force from drug matter to an endless and ever increasing quantity of inert diluent, which it is said to potentize, is so irrational, unscientific and absurd, that refutation makes due apology. Still the predilection of some men for mystery asks where is the molecule of passion that moves to anger, love or jealousy, as though this explained how disembodied drug spirits enter the system. The only thing suggested is that the high potencies are indeed psychological agents, and nothing more.

The more reasonable explanation and the one generally adopted for the alleged efficacy of the high potencies is the presence of drug matter.

The theory of dynamization is a bastard offspring of Homœopathy, whose ill-favored existence has brought the blush of shame to those who are forced to father it. This doctrine is passing away, soon to be recalled as the astrology of Homœopathy. "Potencies" are giving universal sway to

“dilutions” and “attenuations,” and leave nothing but a cicatrix upon the history of our school as a token of the falsehood it has perpetrated.

The fallacy of high potencies is stamped upon their own preparation. They are not what they purport to be, and hence whatever may have been attributed to them is due to something else. The history of their preparation is strangely woven with mysticism, vanity and transcendental nonsense. Jenichen, the champion of high potencies, was an ignorant, illiterate horse trainer, whose highest avocation in life was that of hostler to a German nobleman. His medical education was limited to a smattering of veterinary practice. He retired with this meager knowledge of a great system to Wismar, where he became identified as one of its shining lights. Finding a bottle of the 29th dilution of *Plumbum* dried up, the brilliant idea dawned upon his fertile mind to potentize from this empty bottle up to the 200th. The revelation of a natural law has been argued for this nonsense. With this potency he “cured” a case of fœtid perspiration by olfaction. It is thought he began with the 29th dilution to prepare potencies of the metals, while crude drugs and low attenuations were used for other preparations.

He used large bottles in preparing the potencies. From the 200th to the 300th he gave ten shakes for each potency; from the 300th up to the 800th he gave twelve; from this to the 40,000 thirty shakes were given for each potency. The Homœopathic method of diluting at each potency was ignored by Jenichen, and succussion took the place of dilution. He stood stripped naked to the waist, and performed this self-imposed task from 10 o'clock in the evening until 3 o'clock in the morning, making 8,400 strokes per hour. Each stroke shook the house with the vibrations of his great muscular power. A madman could not have made such hideous gyrations with a more insane motive. The greatest benefit accruing to Homœopathy from this wild, presumptive man was the last act of his life, when his bemuddled brain recoiled upon his misdirected efforts to end them by his own violence. The melancholy reflection is the fact, that Dr.

Hering encouraged Jenichen and refused to reveal the secret method of preparation, until forced by contempt, and a sad revelation* it is.

Korsakoff's system of contact potencies, by which a medicated pellet potentizes a bottle full, is no less shameful than the insane method of Jenichen.

Dr. Dunham made his 200ths by attaching bottles to a mill-wheel. But "method in madness" is not assumed until the notorious triumverate, Skinner, Swan and Fincke, compete for the prize of infinite drug attenuation. The "fluxion method" of Fincke is similar to that, the "displacement" of Swan. A potentizing vessel containing the drug to be diluted and potentized receives a flow of water. The drug is supposed to be diluted accordingly to the amount of water that is allowed to run in and out of the vessel in a continuous flow. In Skinner's method the flow is interrupted at each potency.

These preparations were accepted for what they purported to be until questioned and examined. Dr. Burdick examined Swan's potencies by means of the spectroscope. The absorption band with a solution of eosine disappeared at about the 3rd centesimal dilution when honestly made, but it remained in Swan's preparation up to the 13th! Further examination satisfied the experimenter that Swan's millionth "cannot exceed the tenth centesimal of Hahnemann and is liable to be much lower." This conclusion is confirmed by Dr. Deschere. Swan's 50th exhibits the same shade of color in a dilution of eosine that is displayed in Hahnemann's third. The fluorescence of this substance is lost in the fifth attenuation, but is exhibited in Swan's 1,000th. From this it is seen, as in the observation of Dr. Burdick, that Swan's millionth is only the tenth when correctly made.

Dr. Skinner said that "Dr. Swan's process is as simple as it is ingenious and correct, and that Dr. Fincke's beautifully simple process adapts itself to every scale." Doubtless these observations were made to give tone to his own potentizer, and adds, "I have used dozens of potencies made

*The Secret Revealed. *British Journal of Homœopathy*, Jan. 1880.

myself on Swan's and Fincke's method, and *I can recognize no difference in the potencies so made and those on my centesimal fluxion potentizer.*"

These words were written, of course, before Swan's preparations were demonstrated to be little else than low attenuations. Dr. Skinner himself afterwards examined Fincke's, and found by experimentations and tests that his 1000th is Hahnemann's 151st. Dr. Skinner has not tested his own high potencies, but we are able to make our own deductions. Swan's 1,000th has been shown to be the 5th, and Fincke's 1,000th to be the 151st, yet Skinner has used dozens of potencies made by all these processes and he knows no difference. Hence it follows from his own premises that his potencies are as great humbugs as those of his rival fanatics. The unique methods of preparing high potencies are as false as they are ridiculous, and as harmful as they are senseless. No one is able to appreciate the farcical nature, the humbuggery, the fraud and the contemptable balderdash, that come of such tom foolery. Yet there are great men in our school, who are supposed to be the representatives of *similia similibus curanter*, who mount to the pedestal of high potencies and cry themselves hoarse about dynamization. Such zeal is worthy of a better cause. Instead of prostrating their bodies before the juggernaut of high potencies they had better assist in the development of pure *materia medica*.

Reputable pharmacists admit that the manufacture of the high potencies is impossible. The 1000th is their limit, and this preparation is not unquestioned.

In the light of the facts presented, it is impossible to credit the claims of the rival bottle washers. High potencies are false in preparation, false in theory and false in practice. High potentists in urging their claims in conventions and journals thereby promulgate error, and embarrass the truth of Homœopathy. The fact that the high potencies are fallacious is quite sufficient to determine that they are no part of Homœopathy. Their support comes from the few who are quite busy in their favorite occupation.

Imagine a great lumbering pyramid resting upon its apex, supported by a few Egyptians in order to preserve and perpetuate their idol. Such is the pyramid of high potencies. Iconoclasm is unnecessary. The weight of its own folly will, ere long, wreck this monument of shame.

The only evidence and argument urged for the support of the high potencies are the deductions made from clinical experience. No one calls upon science, or even upon their methods of preparation to support the high potencies, for the simple reason, that these, like their own history and associations, fail of sustenance. Since clinical experience is the only support of the high potencies, this should be examined. There are so many modifying influences to disturb correct observation in medical practice, that the most careful investigation and rigid analysis are necessary to establish a fact. Modern research into the nature, duration, crisis and terminations of disease has produced revolutionary changes in treatment. Less importance is attached to drugs than ever before. The expectant treatment has proved the harmful nature of heroic medicine, and the little value of all medicine, as compared with the superior agency of unaided nature.

The native tendency to recovery has given place to all sorts of medical heresies, quackery and patent nostrums. The legitimate sphere of the true physician is difficult to define. Unless the history of disease is appreciated error is inevitable.

Any plan of treatment that ignores *vis medicatrix naturæ* is sure of erroneous deductions and absurd claims. Accurate observation, combining the experience of competent clinicians, and reduced to statistics, is necessary in order to test a proposition in the practice of medicine. The enthusiastic practitioner, who ignores the many factors to influence recovery, is able from his clinical record to support any clapnet in therapeutics. Ninety per cent. of all the sick get well in spite of drugs, and they are just as sure to recover under incantations, amulet, the seance or dynamization. Either method can secure a bundle of testimonials. These

statements may be turned against the low attenuations as well, yet presumption is in favor of medicines known to contain drug material, rather than those of dynamized nosodes and potentized moonshine.

According to the high potency doctrine a single dose of medicine is allowed to act so long as it is supposed to effect favorable results. Now if all diseases tended naturally to dissolution, this improvement would properly be attributable to the action of medicine. Evidently nature in this way cures many cases for which high potencies take the glory. When improvement follows the administration of medicine, both patient and physician are quite likely to attribute it to remedial treatment. It is easy and natural for us to accept the laudation that properly belongs to nature. Pedantry claims to cure while the modesty of wisdom only assists recovery. Our patients may get well, but we alone do not cure them.

The long list of clinical cases in support of high potencies never reveals the skeleton of failure, and the recuperative powers of nature in favorable cases are ignored. The potency of nature is handicapped by the potency of theory.

But the high potentist retorts that he knows the truth of his theory, his convictions are verified by much experience, and supported by the nobility of ancestry. His concrete testimony has the advantage over abstract truth, and semblance of fact would acquit him on a charge of dishonesty and chicanery. He has sworn so much by clinical experience that the oath is threadbare, and some men swear so much as to destroy their own testimony.

The burden of proof falls upon the party making the affirmative issue, and he who affirms the efficacy of high potencies must afford evidence beyond a reasonable doubt, that they are really what they are claimed to be—that they are honestly made—that nature is given due credit for an innate tendency to recovery, that various other factors, as hygiene, age, sex, climate, avocation and the like are properly estimated, that reported cures are not the scape goats of mistaken diagnoses, and that there is not a coincidence

of an undiscovered cause and an expected result. Miraculous cures through religious excitement and faith are experienced. Many more are produced by similar operations of mind upon the body where there is a supreme confidence in the agents employed. Every physician knows the worth of placebos. Psychological cures are little understood but undoubted.

In the light of these considerations the efficacy of the high potencies does not receive confirmation from actual experience, and until this strange doctrine, running as it does, counter to all science and common sense, is submitted to a clinical test, where these doubtful factors are eliminated, it will continue to occupy doubtful grounds.

The Milwaukee Test embodied these conditions, which are too well known for reiteration. From the report it is seen that only nine out of the twenty-five pathogenetic experimenters reported, and not one detected the medicated vial, while the silence of the remaining sixteen indicates a like failure, for if the experimenters, who were friends to high potencies, had been reasonably assured of success they would most certainly have reported the result of their experimentation. The silence of the forty-six out of the forty-seven experimenters with therapeutic tests is still more significant. It is reasonable to believe that if the 30th centesimal attenuations are efficient therapeutic and pathogenetic agents their friends, who are men of ability, would have been able to prove their value in clinical experience, the only evidence which it is possible to claim for them.

A brief summary of a report of a like test, only that potencies from the 3d to the 30th were used, shows that the fifteen tests with *remedies* below the 7th were successful with two exceptions, while the sixteen tests with *potencies* above the 7th were failures with four exceptions. One of the experimenters tested Aconite 3d and 6th; Bell. 3d and 6th; Ars. 7th; Phos. 8th, 9th and 10th.

He reported correctly on all with the exception of Phos. 8th and 10th. These trials were made on the same conditions as the test for the 30ths. A studied comparison of these tests, whose conditions and value were considered

worthy the efforts of the high dilutionists themselves, goes to show that the high potencies fail where the low dilutions succeed, and that this failure by actual test confirms the predictions of scientific research.

The pathogenetic powers of high potencies are as great a delusion as the childish creation of old Santa Claus. Such an implicit confidence is admirable for its innocence, but contemptable for its mischief. Tradition and credulity, it would seem, have outwitted the high potentist.

The provings of the anti-psorics remedies with the 30ths, are a deplorable contribution to our materia medica. They are generally discredited. Hempel admits that they are not worth the ink it requires to write them. What must be the amount of chaff scattered through the materia medica—and no wonder we have a great encyclopedia of symptoms—when a class of provers is able to develop 919 from *Saccharum lactis*, supposed to be a preparation of *Carbo veg.* But such are the fruits of high potencies. It is quite natural that the same hot-bed of error should give such sickly forms as *balanorrhine*, *glanderine*, *scabies*, *syphilinum*, *bitches milk*, *bedbug juice* and that class of disgusting trash. Not satisfied with this the rays of the sun and moon, and the natural forces are “potentized” by the weird men of destiny. The sooner these montebanks are drummed out of camp the better.

A little while ago the nation experienced one of the saddest calamities of its history. That event was the culmination of the rule or ruin policy of political “stalwartism.” Human nature is the same whether in medicine or politics, and the stalwarts of our school have assumed the position of high potentists and leaders.

In 1878, they formed “The International Hahnemannian Association,” and formulated laws to govern, not its members alone, but the entire Homœopathic world. They adopted a platform containing the rotten plank of “the minimum dose of the dynamized drug.” Dynamization is made the escutcheon of Homœopathy, and those, who refuse to accept it, are denounced and ostracised.

This Sanhedrim does not only tolerate the untermable doctrines, which cluster around the high potencies, but places them paramount to all others. This pseudo-authority is as disastrous in tendency as that in politics, which incited the assassination of a noble president.

The difference between high potencies and low attenuations, is so great that their respective advocates naturally tend to develop an open eruption in the school. This is not only possible, but the declarations of the stalwarts predicts such a result. What is the import of their international association if it is not to make a distinction and a division in the school. And such too is the tenor of our current literature.

Now consider that the great bulk of Homœopathic practice, even by the high potentists themselves, is done by the use of low attenuations, that our victories in the treatment of yellow fever and cholera were won by low dilutions, that the superiority of our system in various epidemics, and in hospital and private practice, has been demonstrated by low attenuations; consider that the great battle of Homœopathy is being fought with low attenuations; that the masses of Homœopaths are low dilutionists, and you must appreciate the injustice of high potency claims. As I speak in behalf of the low dilutions, I feel that I only utter the thoughts and convictions of a large majority of Homœopathic practitioners, the world over. There is a deep seated sentiment against the fallacies of high potencies, which will not be hood-winked or suppressed by the champions of dynamization. The day has fully dawned whose evening sun will not retire before this mooted question will be settled, not by us, but for us. There was a time when it was popular to advocate high potencies, and in certain sections it is still popular, but this popularity is being banished by the progress of truth. A new era is upon us. The immediate followers of Hahnemann are passing away. The fossiliferous class is making way for the coming generation of progressive workers. There need be no fears about our law of cure. If that were buried in oblivion to-day, it would be resurrected by the Allopathic ghouls to-morrow.

I tell you, gentlemen, it behooves us to be on the *qui vive*. While we are wrangling over the bone of potency our Allopathic brothers are picking off the meat. Their lean, lank, hungry therapeutics are gazing wistfully into our rich pastures. Already they recognize the necessity of proving drugs, as furnishing the only rational guide to their therapeutic uses. They are much elated over the success of small doses of single remedies. Many of our distinctive remedies are in daily use. Allopathic tendencies are toward Homœopathy. Some of their more thoughtful and less bigoted have already conceded the law of similars. As a school, they will never admit it, but will recognize it in practice under cover of "scientific" medicine, and while they thus weave the warp and woof of all that is good in Homœopathy into the fabric of medical knowledge, they are gratified to see us escape through the pin-hole of high potencies. Are we blind to these facts? Do we appreciate the tendency of the times? We had better correct our own mistakes than to have them exposed and corrected for us by our Allopathic brothers.

The only apology urged for the deductions to be drawn from the arguments herein presented, is a conviction of their correctness and their importance to the future of Homœopathy.

1. Intolerance, prejudice and arrogance characterize the comparatively few men in the profession, who advocate the pet theories of high potencies and dynamization. They thus incur dissention and impediment, embarrassment and obloquy and compromise the cardinal doctrines of our system by advocating unfounded theories, which in the light of history and practice are unnecessary and impotent.

2. Microscopic examinations of triturated metals shows that they are not susceptible of solution, dilution or dynamization according to the directions and assumptions of Hahnemann, that there is a limited comminution of particles, and that the 6th decimal is the limit to which some may be carried. Hence the high potencies supposed to be made from these triturations can have no other effect upon

the system, either in health or disease, than psychological agents.

3. The physical divisibility of matter is limited to the molecule. The molecules of liquid drugs according to various scientific experiments, tests and data are exhausted long before the high potencies are reached, so that drug substance is not present in these preparations. *Ex nihilo nihil fit.*

4. The theory of dynamization is denounced even by many of the high potentists, themselves, but advanced by others to explain how medicinal agents act under conditions where it is abundantly proved that drug matter cannot exist. This doctrine is based upon bold assumption, and conflicts with the grandest principle of modern science, the correlation and conservation of forces. It is in violent opposition to all reason and common sense, and its only effect upon Homœopathy has been to impede its progress and stamp it with ridicule.

5. The fallacy of high potency is stamped upon their methods of preparations, whose history is nothing but a disgrace to all concerned.

6. The pathogenetic, like the therapeutic powers of the high potencies, have no existence except in traditionalism.

7. Clinical experience, the only evidence in favor of the high potencies, in the light of recent investigation into the nature of disease, is unable to establish their efficacy, for the reason that it is not subjected to scientific accuracy, embracing correct observation and statistical reports. The doubtful factors entering into this problem necessitates scientific precision for its solution. The result of the Milwaukee Test forcibly indicates that the high potencies are fraudulent and unworthy of respect.

ON PREVAILING DISEASES.

BY J. C. CUMMINGS, M. D., ST. LOUIS, MO.

Dr. Duncan's valuable article in the 15th of June number

of THE UNITED STATES MEDICAL INVESTIGATOR, "Vennor's Weather and Disease," suggests the following:

I endorse Dr. Duncan's article in toto. If we were to note the weather closely, and report it as a part of the case, in a few years we would know beforehand the class of remedies that would benefit our cases, without having to try remedy after remedy, as we now have to do. We now know that we must look more to the brain than to the bowels for the remedies for bowel affections during this damp, cold, summer. How much better it would have been for our patients, and ourselves if we had known this six weeks ago. Belladonna will be called for this summer as often as Hyoscyamus, especially with "bloody, mucous, frequent, involuntary stools, rolling of head, spasmodic twitching," etc.

Bell & Laird's Therapeutics of Diarrhœa will repay close study. I find diseases more obstinate so far than I have found them for many years, and, judging from our large mortuary reports, my experience is not isolated. We may expect convulsions in all cases of diarrhœa and dysentery that continue longer than ten days; hence the importance of giving nerve remedies early. Mercurius has disappointed me this summer. I have found it utterly useless. In adults, after the diarrhœa is checked, if there is a broad, flabby tongue, showing indentations, Merc. sol. will benefit the case. Secale corn 1x relieved a case of watery stools after failure of Pod. 3 and Verat. alb. 3. The stools were not very offensive, and there was no coldness of the forehead.

Key Note: Patient wanted to throw off the cover—bowels moved about once an hour.

No stools after Secale. I had treated this case for twenty-four hours,—some six doses of Pod. 3 tr., then Verat alb. 3, every hour. Where there are cutting pains, Colocynthis will do good. I think Elaterium will prove a valuable medicine this season; stools yellowish white, slightly tinged with green; squirting. Dr. Clutterbuck's Elaterium is the best. If damp weather is the cause, Natrum sulph. may be called for. Cina is also a valuable intercurrent remedy.

For gritting the teeth, whining, whimsical mood, I give one dose of the third trit. of Santonine, and after an hour or two continue the indicated remedy.

I think a good course to pursue in bowel affections is to give the medicine every third stool; then, as the patient improves, the interval between the doses is lengthened. As death may ensue in an hour or two, in genuine cholera infantum, it is necessary to repeat the dose often, until improvement commences. If this wet summer is followed by a *dry fall*, we may expect a great deal of malarial fever, and perhaps a large number of pernicious cases. I use Quinine in congestive fever. Hot applications,—Camphor, or Veratrum, may relieve the first chill; but Quinine is absolutely essential to prevent the second or third chill, and I think it criminal not to use it.

When the three stages are equal, small doses of Quinine, or any of the salts of Chinchona, will stop the chills. I never gave Quinine in chronic cases of malaria.—*Medical Counselor*.

HIGH POTENCIES—WHAT ARE THEY?

On another page will be found an interesting article on high potencies which is worthy of more than usual attention.

I. If the limits of low attenuation is to be placed at the sixth, then there are very few physicians who have not used high potencies. Bell. 12x in convulsions, and Merc cyan. 18 in diphtheria are practical facts that many would dislike to see ruled out by this arbitrary limit of attenuations. When a prover gets as valuable symptoms with Aconite 60, as with *Æsculus* 2x the limit of drug action would not seem exhausted at the 30th attenuation even. To hastily conclude that there is no remedy in a 30th trituration because our crude methods of analysis cannot discover it, is neither scientific nor fair. The only conclusion we can arrive at honestly, if the trituration is faithfully prepared, is "not

proven." A candid scientific mind is no partizan and will not, cannot, pronounce high attenuations or the minute subdivision of matter impossible and fallacious. The time is coming and is not far distant, when the human test of high attenuations will be appealed to as proof of the divisibility of matter far beyond the reach of microscope or spectro-scope.

II. The question are high potencies or attenuations what they profess to be? *e. g.* is the 30th trituration of Aurum met. or the 30th dilution of Aconite what they are labelled? In other words—(1) is there a uniform subdivision of Aurum in all the attenuations from the 1st to the 30th? (2.) Is there any Aurum in the 30th? (3.) Is there any advantage of giving the 30th over the 6th or 12th? The first and third questions have not been answered, while the second has been answered both ways. Allopaths have witnessed to the fact that Hahnemann's method of trituration is the best known. Perhaps some scientists will arise to show us a better way. We believe that the arbitrary rule of one hour for each trituration of all substances will need to be modified and the time graded by the adhesiveness of the article.

Many physicians prefer dilutions where dilutions are possible. It is presumed that because dilutions are easier made therefore they are more carefully prepared and more sure to be what they are represented to be.

The supposition that to prepare the 30th dilution would take such a mass of liquid and such a length of time will do for Allopaths to present who know nothing of our method of attenuating. With thirty drachm vials with liquid and the necessary amount of tincture and adding the preparation of one drop of the lower to ten drops of the next higher and giving each vial twelve hard shakes will not take so very long, neither need the whole fluid in the world be exhausted in the operation. This is honest attenuation. But where one vial only is used and after succussion all emptied out, except one drop, and then refilled and this operation carried up, it is quite impossible to tell the exact dilution, especially if the tincture is at all gummy. Dilutions so prepared,

either by hand or machinery are so indefinite that their reliability are open to question. Fortunately the makers names are carefully attached to their different preparations, so that no one need be imposed upon unless he chooses to be.

The law for the selection of the remedy is fixed, but for the dose and repetition, neither experience nor observation have decided them as yet. These are relegated to the best judgement of the prescriber—but if he has only tried the high or low he is in no condition to pass judgment. Criticism provokes investigation and is a healthy means of advancing any cause. Homœopathy can stand it, and our readers enjoy it.

Cholera and Plague in the East.—The news that reached Constantinople at the end of last May about a cholera epidemic in the island of Padang, in the straits of Mallaca, not far from Singapore, which is in constant communication with Padang, has been confirmed, and the international sanitary commissions, both in Constantinople and Egypt, have ordered all vessels coming from the Dutch Indies and Singapore to undergo twenty-four hours' watching, or to pass through the canal in quarantine, while vessels on which there has been a case of cholera are to remain seven days in quarantine. The same precautions have been taken in regard to all vessels from the ports of the Ottoman empire, as the time for pilgrimages from India to the Holy places of Islam is approaching, there has, as already reported, been a good deal of cholera at Calcutta. In view of the dangers arising from this the sanitary council at Constantinople has decided that, unless the condition of things improves very much, to establish a prolonged quarantine for vessels coming from the Indian ocean, at the entrance of the Red sea, but only vessels conveying pilgrims will be compelled to undergo it, unless there is a case of cholera on board any of the regular passenger ships. The island of Camaran has been selected as the place of quarantine, a visit of the sanitary commission some years ago having established the fact of its being very well adapted to the purpose. We have already referred to the outbreak of the plague at Ouzoundere, in Persia, to the south of Lake Ourmiah, and not far from the Armenian frontier of Turkey. Dr. Arnaud, the representative of the sanitary commission at Teheran, has been to Ouzoundere, and he reports that the malady is the bubonic plague, and that out of 524 inhabitants 259 were attacked, and 155 died. Death ensues after an illness varying from twenty-four hours to a week. The population has done its best to localize the disease by removing into tents some four miles away, and holding aloof from all their neighbors. The disease has not spread any further, and the village has been razed to the ground.—*London Telegraph.*

Etiological Department.

CAUSE OF CATARRH.

BY J. D. GRABILL, M. D., UNION CITY, IND.

IN THE UNITED STATES MEDICAL INVESTIGATOR of July 15th, Dr. N. F. Canaday wishes some able contributor to give the cause, prevention and treatment of the formation of the offensive cheesy substance that accumulates in the tonsils. Now, doctor, I do not consider myself an able contributor, but I do believe that I can give you a little information on the subject. Firstly, the tonsils are two glandular organs, situated one on each side of the fauces, between the anterior and posterior pillars of the soft palate. They are of a rounded form and vary considerably in size in different individuals. Each gland presents on its inner surface from twelve to fifteen orifices, leading into small recesses, from which numerous follicles branch out into the substance of the gland. These follicles are lined with a continuation of the mucous membrane of the pharynx, covered with epithelium, their wall being formed by a layer of closed capsules imbedded in the submucous tissue. They contain a thick grayish secretion.

Secondly, the pharyngeal glands are of two kinds, the simple or compound follicular, which are found in considerable number beneath the mucous membrane throughout the entire pharynx; and the racemose which are especially numerous at the upper part of the pharynx, and form a thick layer across the back of the fauces. The saculi connected with each duct vary in number, from two to ten, and even more. The orifices of these ducts often become much enlarged from the accumulation of pent up secretion causing congestion and at times considerable inflammation. This substance, which is of a sebaceous character when retained so long and the parts become congested, becomes very

offensive. I have seen them as large as a small pea. This trouble frequently follows salivation, ulcerated sore throat, diphtheria and the use of caustics. As to treatment I have not gone outside of five remedies: Kali bich., Merc. v., Lac. Lyco., Arum tri.; but Kali bich. is the only remedy that I know of in the materia medica that has the symptom. Unless in the fauces, also in the pharynx discharging cheesy lumps of offensive smell.

THE CAUSE OF FEVERS.

EXPERIENCE AND OBSERVATIONS IN TYPHOID FEVER.

I wish to call the attention of the profession to the following in regard to the cause and treatment of typhoid fever, or rather fevers in general, promising that I have no claim to originality and desire only to call attention to what has been known, overlooked or forgotten:

Probably every physician excels in the treatment of some particular class of disease, one in surgery, another in chronic diseases, and a third in those pertaining to women, etc. I have been so very successful in the treatment of all acute diseases that I give the profession the benefit of my experience.

My treatment does not differ medically from that of other Homœopaths, and I ascribe my success—having lost not one adult patient of any acute disease in the past eight years—to a habit of insisting that the patient shall *not have anything to eat until hungry*.

Under this treatment, I find that a great majority of patients ill with fever, or any disease not having a definite course to run, will recover within ten days. I have noticed but one exception to the rule, *i. e.* in the case of malarial fevers of a slow type, without threatening symptoms, which seem very persistant.

If a patient ill of any acute disease was required to do manual labor every day, continually, we would hardly believe we were consulting his best interests; still we com-

pel the digestive organs to work, while probably the hands that lay idle are better able to do so. I should say we *expect* them to work, for I believe but little digestion occurs at such times. The stomach being a warm, moist place, decay occurs if the food is delayed unduly, and if digestion occurs at all, it must be labored and slow. The putrid gases and fluids resulting from decay, being absorbed, poison the patient, and we find all the excretory organs, especially the kidneys, laboring to relieve the system. In a great majority of cases, if we do not introduce into the body fresh cause of disease, these excretory organs will in a few days free the patient of that which had caused the illness; if, however, we daily introduce food which must decay, it is not strange that the patient should be ill for a long period of time unless death occurs to shorten the disease.

Meantime, the patient is nourished by absorption of what has been already stored up in the body, and whether he is fed or not, I contend this is the way he is nourished, and that all we introduce into the stomach of a patient who has no appetite has nothing to do with his nourishment, and only prolongs his disease and adds to his danger.

I make this statement for the following reasons, *viz.*: First, the plan is more successful than any other. Second, by withholding food a few days, the urine grows more natural, has less impurity; begin again to feed the patient, and the urine at once becomes more unnatural; a close observation will show the patient worse otherways, especially in regard to delirium, stupor, and febrile condition. Third, decay of food in the stomach is capable of causing all the symptoms of acute fever, as has been frequently proved by the immediate relief obtained by the vomiting of food that had decayed in that organ. Fourth, the disgust for food the patient feels, and animals refuse to eat when ill. Fifth, the symptoms that precede a fever are those of indigestion. The appetite returns only as the tongue clears.

I could report hundreds of cases of the most violent type, where, when called delirium, stupor, involuntary evacua-

tions were present, that recovered in from one week to ten days.

I assert, then, that the cause of fevers is indigestion, and the consequent poisoning of the body by absorption of the gases and fluids resulting.

Also that a majority of acute inflammation have their predisposing cause from the same source: that if digestion was healthy, the exciting cause (cold) would not be sufficient to produce the disease.

I ask the profession to try this plan—to give no food until the patient has appetite—and report the results. I also prohibit tea and coffee.

I advocated this treatment twelve years ago in a paper read before the Homœopathic Medical Society of Wisconsin, but since then have never met a physician who adopted the treatment.

OCONOMOWOC, Wis.

E. LEROY JONES.

Syphilis of the Fibrous Tissues and the Sheaths of Tendons.—Dr. Manssurrow of Moscow remarks *Viertelj. fur Derm und Syph.*, 2 and 3, Heft, 1881 that from five to ten per cent. of syphilitic subjects develop lesions of the fibrous tissues or tendinous sheaths, and that persons of lymphatic temperament are most liable to suffer in this way. The affection may occur early or late in the disease, but resolution occurs without softening, except in the rarest instances; thus differing from gummata of the cellular connective tissue, which are liable to break down. The author also describes to considerable length the anatomical characters of the growths, quoting Virchow and other well-known authors, and illustrates his paper with the reports of nine cases of syphilitic swellings in connection with the tendons or fibrous structures in various situations, including the hip, knee, elbow, and finger-joints. In one instance, the growth affected the sheath of the sterno-mastoid, and was large enough to press on the trachea, and thus interfere with the breathing. The period after infection at which the growths were noticed varied from three months to thirteen years, only one, however, being later than five years. In all except one case, resolution occurred under mercury or iodide of potassium, or both. In the exceptional case—one of gummata in the neighborhood of the great trochanter, occurring thirteen years after contagion—softening and suppuration took place in spite of treatment.

Materia Medica Department.

AN INTERESTING PODOPHYLLIN PICTURE.

Professor D. W. Printiss (*Philadelphia Medical Times*), relates the following:

Mrs. H., aged about forty-five years, a strong, healthy person, had been constipated for a week, and was feeling badly in consequence. Her husband was in the habit of taking *Podophyllin* for constipation, and had a bottle of it in the house. Mrs. H., knowing this circumstance, got the bottle, and took out as much of the medicine as could be held on the handle of a teaspoon, mixed it with a little water, and swallowed it. The dose was taken, April 9th, at 5 P. M. Amount taken, about sixty centigrams (ten grains.)

At 7 P. M. had cutting pains on both sides of the abdomen, with desire for stool.

At 8 P. M., feeling very badly, went to bed. The pain had ceased; there was great exhaustion, with relaxed muscles and a feeling as though the body was bathed in sweat, which it was not; then came a fearful pain in the occiput, "as though the head was being split open." This pain lasted about two minutes, and was followed by a dull throbbing ache and feeling of heaviness, so that the head could not be raised from the pillow. At 8:30 o'clock vomiting began,—first the contents of the stomach, then thin, bitter, dark-green fluid,—from half a pint to a pint at each attack. There were six or seven spells of vomiting between 8:30 o'clock and 4 o'clock the next morning. With each spell of vomiting the bowels moved,—first constipated, then thin, watery stools. There was no pain with the stools. Frequent sensations of heat passing over face and head were noticed. With each occasion of vomiting the exhaustion was so great that she felt as though dying. Could not raise the head or assist in the act of emesis.

I was called to the case at 1 o'clock in the night,—eight hours after the *Podophyllin* had been taken,—when I found the patient in a state bordering on collapse; features pinched, extremities cold, pulse very feeble.

It is remarkable in this case that there should have been so little pain in the stomach and bowels. This was almost entirely absent, with the exception of occasional cutting pains at the first. On the contrary, there was a disposition to drowsiness. The greatest distress was from the exhaustion, and the pain in the head. The intellect was unimpaired; the eye-sight and pupils were unaffected; no involuntary discharges.

Mrs. H. kept her bed on the 10th, but got up on the 11th, feeling well, but with tingling in the extremities and weak as from a severe illness.

Morphia and Codeia.—The following conclusions of J. B. Garrison, M. D., regarding Morphia and Codeia, are given in the *Western Medical Reporter*: First, Codeia is a greater cardiac stimulant, as indicated by the force and volume of the pulse. Second, it is a more powerful diffusible stimulant, elevating the temperature and exciting the capillaries. Large doses produce intense itching, with an erythematous redness of the skin, thereby indicating its use in all internal congestions, save, perhaps, those of cerebral or spinal origin. Third, it does not chose the secretions to such an extent as Morphia; it is, therefore, indicated when it is desired to avoid locking up the liver, constipating the bowels, or lessening expectoration. Fourth, it is much less dangerous than Morphia, no fatal dose having been recorded; yet so potent, an agent should necessarily be exhibited with due caution. Its comparative safety recommends its use, in infantile therapeutics, where Morphia is so rarely tolerated. Fifth, It is now followed by the intense nausea, which so often contra-indicates the use of Morphia, and frequently no unpleasant after-effects are noticed, referable to its exhibition. Sixth, There is less danger of the induction of the *Opium habit*, from repeated doses, than in the case with Morphia, which should be a matter, of serious consideration, in making choice between the two.

[We are glad to see in the second paragraph, that this Allopathic doctor, tacitly admits the great principle of Homœopathy—that a drug is indicated, to cure those symptoms, which where given in large doses, it produces. When the Allopathic fraternity act on this truth their system will no longer be one of empiricism.—ED.]

Children's Department.

CHOLERA INFANTUM.

BY J. CRESSWELL LEWIS, M. D., PHILADELPHIA PA.

Diseases to which children alone are subject, are much more difficult to treat than any other class. Having none but objective symptoms to guide us, we must exercise great care to rightly interpret them. To be unremitting in labor in this field of practice, to be able to save a good percentage of children, is to insure success in other branches; for the habits of close observation thus acquired, will follow a practitioner through all the varied cases he may be called on to prescribe for.

The great scourge of infants, especially in our large cities, is cholera infantum. Much has been written and said on this subject by able men, and we may say nothing that has not been better said long ago; but the importance of the disease, its great fatality, and the light, off handed way in which many physicians treat of it in the medical periodicals, have urged us to devote some time and thought to its consideration. The causes of this disease are various. Dentition is a fruitful source. It predisposes so strongly to it, that children who are between eight and fourteen months old at the beginning of summer, rarely go through it without an attack of greater or less violence. The irritation of dentition causes an inflammation and even ulceration of the mucous membrane of the mouth, and this extending to the stomach and intestines, produces vomiting and diarrhoea. If the child is in the city and is removed to cooler atmosphere, it may do much better; but the fact that children in the country are attacked with the same symptoms, proves that dentition, in our climate, is enough to produce the trouble, and, even, to aid in exciting or perpetuating other grave disorders. Raue says, "this complaint, generally occurring during the period of dentition, most probably has

its deepest cause in the rapid growth of the brain at that time, when it needs for its development an abundance of fresh air." The high temperature during the summer months is another cause of the disease, and we all of us know what sad havoc a heated term makes among the little sufferers. Impure air, irritating drugs, (given to check vomiting and diarrhœa but which only aggravates the trouble,) intestinal worms, insufficient clothing in the cool nights following hot days, bad ventilation, insufficient light, want of cleanliness, fruit, are all conducive to an attack of this disease. The variety of the causes of cholera infantum should warn us to be explicit in our instructions to our patrons as to their duties to the babies.

The symptoms are extremely characteristic and there is little difficulty in arriving at a conclusion, when we see the symptoms before us, as to the nature of the malady.

The child will, at first, be fretful, worse at night, lips and mouth hot and dry, head hot. It will, in all probability jump and start in its sleep. Vomiting comes early and the stools are frequent, watery and copious. The evacuations may be clay colored, green, muco-purulent or sanguinolent, according to the phase the disease takes. They are often offensive in odor and acrid, making the perineum sore and excoriated. If the disease occurs during dentition the child will bite its fingers or anything placed in its hand, the gums will be swollen and it will shrink from light and noise. (Talking, carried to excess, in a room where there is a sick baby is always productive of harm and we have frequently seen a child made much worse by the clatter produced by a bevy of such women as delight to collect in a sick room for the purpose of ventilating their knowledge, but who will render no assistance.) The belly is often tumid, tympanitic and sensitive to the least pressure. Often the child lies on its back with its feet drawn up, (evidently to relieve the pain in the abdominal cavity,) tosses its arms and rolls its head. In the latter stages of the disorder the want of assimilation of the food, the absorption of the adipose tissue, and the drain of the watery components of the blood from

the system, produces extreme emaciation and a ghastly, pinched expression.

The skin becomes dry, shrivelled, the muscles atrophy and the little sufferer lies moaning and languid yet still restless. The conjunctiva is injected but the pupil is insensible to the stimulus of light. There are livid spots on the skin from the disorganized condition of the blood and coma or convulsions supervene. In the hydrocephaloid condition arising from this disease we note boring head in pillow, shrill screaming at intervals, strabismus, stupor, spasms and what we have found a very important symptom and one demanding prompt attention, suppression of the urinary function. The foregoing are the principal symptoms of the disease.

Tabes mesenterica, the result of the inflammation and irritation of the mucous membrane of the intestines, thus occasioning enlargement of the mesenteric glands, (on the same principle as injuries to the upper or lower extremities cause enlargement of the lymphatic glands of the axilla or groin) is one of the results of cholera infantum. In the opinion of many observers it is only one form of the disease, for as some assert cholera infantum comprises attacks of cholera, properly so-called, of diarrhœa, chronic and acute, of dysentery and of atrophica ab lactariorum or true scroufulous marasmus.

The duration of the malady varies according to the phase it presents. Where we have violent vomiting and copious serous discharges death comes in a few hours. Marasmus is a protracted variety and lasts for weeks and even months. The child may take a sufficient quantity of food, but it not being properly assimilated and therefore not performing its function of strengthening and building up the weakened frame, death results from a species of starvation.

The pathology of this disorder is interesting. Pathology is a grand help to us and we should never underestimate the great part it plays in the healing art. Peyer's glands are first seen about the fourth month or about the time, when nature, by pushing forward the teeth, is preparing the digestive organs to receive and appropriate a higher order of

food. They appear, from the researches of eminent authorities to be appendages to the absorbent system; and are thought to assist in the elaboration of the chyle, which passes through them, (through the medium of the delicate chyliferous vessels originating in the villæ) before it reaches the mesenteric glands. In cholera infantum these glands are inflamed and in bad cases, ulcerated. This inflammation is thought to be the basis of cholera infantum and the continuation of it, the cause of marasmus. The mucous membrane of the intestines is red and softened, and more markedly is this in the small intestines. In the rapid cases, running their course in a few hours; where the serous discharges are so profuse, we can detect very little difference in the appearance of the intestines after death beyond a slight pinkish tinge of the mucous membrane. The protracted cases are different. Here we have inflammation and redness as well as softening of the mucous membrane, and may have ulceration of the follicles, particularly in the large intestines.

The stomach is injected and softened. Sometimes there are reddish, longitudinal bands in the large intestines which are softened and give evidence of severe inflammation. The rectum is often ulcerated and the mucous membrane covered with a thick layer of mucus. The brain and *pia mater* are often distended and injected and the arachnoid is pale and moist with effusion.

The prognosis is favorable when the pulse becomes slower and more regular, the skin warmer, vomiting ceases, alvine discharges more natural and less copious; unfavorable when the pulse is quick, feeble and irregular, skin cold with bluish spots, discharges still frequent and serous in character; restless, stupor, suppression of urine. (The last symptom is one we have found to give much trouble and demand prompt attention.) We can recall several instances where, on seeing a child after it had been given up to die by an Allopath and was in a stupor from the effects of uræmic poisoning, we have inquired as to the urinary function and have found that the urine had not been voided; although the alvine discharges had been suppressed, we suppose, by some

powerful astringent. The immediate application of Cantharis or Apis, together with a warm bath, has restored the function, the urine has been passed and the brain has been relieved.)

The treatment of cholera infantum, though so grave a disease, is, under our system of cure, most satisfactory and even surprising. The remedies recommended are numerous but we have used but few in comparison with the long list. We shall, therefore, mention only those we have been accustomed to prescribe in treating cholera infantum. Of course, now and then we come across a case that requires some particular remedy but in the mass of cases we adhere to the same list of remedies.

Where there is much fever, restlessness, thirst; skin hot and dry; eyes red and suffused; urine high colored; discharges watery and frequent; we should give Aconite

When we have vomiting, excessive thirst, skin cold and parchment like with bluish spots on the surface of the body, cheeks sunken, nose pointed and a bluish ring around the mouth, evacuations yellow or dark green and watery and offensive, we prescribe Arsenicum album.

When we have the profuse, colorless stools, bowels moved every little while, we give Veratrum album. Where the brain symptoms are predominant, where there is starting in sleep, boring head in pillow, screaming out shrilly and where there is strangury; with yellow watery stools and distension and soreness of the abdomen as from flatulency, we think of Apis mel.

Where the suppression of urine is the prominent symptom then come in either Cantharis, Hyoscyamus or Apis.

In case of spasms coming on Belladonna, Hyoscyamus, Cuprum met., Apis are used according to the symptoms presenting.

For the persistent vomiting, either Arsenic alb. or Cuprum met. we find all efficient. In those cases where there is blood intermixed with the stools, evidencing ulceration of the intestinal glands, we give Mercurius cor., Terebinth, or Carbo veg.

Silicea is indicated where assimilation is interfered with to a marked extent and where there is enlargement of the mesenteric glands. Marasmus.

Even our Allopathic friends are finding out that small, frequently repeated doses are the most successful. In the "*Medical News and Abstract*" for October 1880, Dr. Hutchins of Brooklyn, recommends minute doses of Aconite and Veratrum for this disease and chronicles success.

One important thing in the treatment of this, as well as other diseases of children is, be particular in noting the least change in the symptoms and finding out the cause of that change, if possible. We cannot be too careful. And what shall we say of those men who habitually neglect their patients, who defer the needed visit till too late? We should ever remember how anxiously the patients look for the physician, especially the mother, who, perhaps has had little rest for days, and is worried almost to distraction. For although often more worried than the severity of the case demands, that feeling is indicative of her nature, and we, as students of nature, should appreciate it.

In conclusion we would drop a word or two as to diet. Of course we must urge the mother not to nurse the child too often, so as not to overload the morbidly sensitive stomach, and thus produce vomiting. Vomiting, however, is not the most dangerous symptom. The diarrhœa, from the depletion it produces, is the symptom to guard against most carefully.

When the child is under eight months old and has not the benefit of the mother's milk, we prescribe equal parts of wine whey and ordinary cows milk, which mixture is boiled after the addition of sufficient sugar to make it palatable. Small quantities of beef tea are also administered.

After dentition has commenced and the digestive organs are better fitted to act on starch, Liebeg's food is a useful food.

It might not be amiss to refresh your minds as to the component parts of Liebeg's food. We have the following proportions: Wheat flour, $\frac{1}{2}$ ounce; malt flour, $\frac{1}{2}$ ounce;

Potas. bicarb., seven grains; Aqua destil; cow's milk. This milk is boiled slowly, till it forms a thin, sweet liquid. Previous to using, it should be strained through muslin to separate fragments of husks that may be present. The Bicarbonate of Soda neutralizes the acid reaction of the two kinds of flour and also raises the amount of alkali to the equivalent of that in woman's milk. The ferment in the malt leads, during the exposure of warmth in the process of preparation, to the conversion of the starchy elements of both flours into dextrine and sugar.

A moderate amount of cold water is good for the child. Ice is allowed freely. Often, when a baby cries, the mother thinking it hungry gives it food, and it, not wanting food, of course, vomits. What is wanted, in all probability, is something to allay its thirst. Ice, placed in a thin cloth and well broken, in our opinion is the best thing to allay its thirst, and the child generally becomes quiet and goes to sleep.

Rectotomy for Syphilitic Stricture of the Rectum.—A married woman aged 26, was admitted into University College Hospital, May 10, 1881 (*Brit. Med. Jour.* Dec 24, 1881). The history pointed clearly to syphilitic contagion three years before. On examination, the margin of the anus was found to be indurated for about two inches, and close to the outlet there were some ulcerating nodules. The gut for about two inches above the anus was uneven, ulcerated and contracted. The stricture terminated at the upper end by a sharp edge resembling a band. On May 18, Mr. Berkeley Hill operated as follows; The patient having been brought under the influence of ether, Mr. Hill introduced one finger into the rectum; he then passed a large curved needle, threaded with silk, through the skin in the middle line just in front of the coccyx, and pushed it on between the sacrum and the rectum, until the point was above the indurated part. The point was then carried into the rectum, and the silk seized with forceps and drawn out through the stricture. The needle was then withdrawn, leaving the silk ligature in its track. A wire was then attached to the silk, and, after being pulled through, was attached to an *ecraseur*. The included tissues were then divided with very slight bleeding. By June 3d, the patient could pass for herself a No. 10 rectal bougie without pain. Her general condition was good, the ulcers had greatly improved; defæcation was easy, and there was complete control over the sphincter. On June 4th, the patient was discharged.

Surgical Department.

ACCIDENTS AND SURGICAL EMERGENCIES.

BY J. G. GILCHRIST, M. D., DETROIT.

The first desideratum, in all arts, is the possession of proper "tools of the trade," by the possession of which only can facility in their use, and knowledge of their purposes be acquired. This is so true in surgical matters that we are justified in doubting the abilities or experience of those who do not possess proper instruments. For the practice of surgery in its entirety, many instruments are required, but for purposes contemplated in the following pages the number is small, and of exceedingly simple construction. Every medical man should possess a compact pocket case of instruments, the selection of the different articles being made with reference to the amount of surgical practice the possessor expects to have. To those who practice surgery largely or exclusively, a pocket case need contain only such articles as are of service in dressing wounds and injuries; these do not require particularization, as surgeons are supposed to know their own needs. The general practitioner, who only purposes to give surgical attention to the commoner accidents and injuries, will require a larger case, with instruments for a variety of purposes. After much experiment in the past fifteen years, I have decided that the following list will embrace all his wants: Scalpel; straight bistoury; curved sharp-pointed bistoury; curved probe-pointed bistoury; tenotome; tenaculum; aneurism needle; exploring needle (or trocar); jointed catheter, about No. 6; two or three probes; dissecting forceps; spring-catch forceps, for needle or artery; scissors; with a dozen assorted needles, pins, wire, silk, etc. For the sake of compactness, two blades in one handle will be found desirable, which should be supplied with either a sliding or spring catch, the former much the better. The handles should be firm, and the blades of a rather larger size than would be needed in a surgeon's dressing case. The greatest care should be paid to the instruments, keeping them clean, dry and sharp. They should never, under any circumstances, be used for anything but their legitimate purpose. A rusty spring in the artery forceps, might possibly place a patient's life in jeopardy, and dirty knives or needles are not incapable of producing septic poisoning.

In addition to his pocket case of instruments, the physician should have what I call an "accident case." This is a small satchel, which is kept constantly supplied with the following articles: A roll of adhesive plaster; two or three clean sponges; two or three roller bandages, of different widths; a roll of lint; a small quantity of raw cotton, or the modern absorbing cotton; with half ounce vials of the following tinctures: Arnica, Hamamelis, Hypericum, Ledum, Sta

physagria, Calendula, Conium, Symphytum, Ruta graveolens, Carbolic acid, with a vial of Amyl nitrite, and one of Aqua ammonia. A vial of Chloroform may be added, and a box of simple cerate or cosmoline. This must be kept always supplied, and on being summoned in haste to a case of accident, with the pocket case, the physician will be prepared to meet almost any emergency that may arise, without losing precious time in looking up articles that may be useful.

Upon reaching the scene of an accident, there are several matters that demand attention, which may be treated under two heads, viz.: our duty to society, and our duty to the patient.

1. *To Society* we owe a duty which nothing must be permitted to interfere with. Many cases of accident are due to assaults, others to criminal negligence, and some to causes of various characters, all of which may become the subject of legal inquiry, particularly if death should ensue. It should be a constant practice, therefore, to take accurate note of the surroundings, and the time of day when you first appear upon the scene, marks of a struggle, disordered or torn clothing, blood-stained weapons; the position of the sufferer, the demeanor of the by-standers, particularly with reference to sobriety, must all be noted, and committed to writing. The nature, number and direction of the wounds, if any, must be noted, and, in short, every detail carefully observed, committed to writing, the notes carefully dated, and all particulars that might be required to fix guilt or establish innocence. There are so many instances on record in which inability to establish a material item of evidence has freed the guilty, or caused conviction of the innocent, simply from carelessness on the part of the medical attendant, that too much importance cannot well be given to *our duty to society*. Murders have been attributed to homicidal assault, which have subsequently been proven impossible of infliction with a weapon, or in the manner alleged, and suicide has not seldom been mistaken for murder.

2. *Our duty to the patient* implies a preservation of life by arresting hæmorrhage, etc., a promotion of healing without deformity, and the prevention of loss of function. We must, therefore, consider the best way to promote union of wounds with the minimum of scarring, and the consolidation of fractured bones with the preservation of symmetry and a continuance of function; the restoration of failing strength, and the subduing or preventing febrile excitement, must all claim our attention. The position and expression of the patient must first be noted, as in desperate cases valuable time will be saved by knowing where to direct our energies. A *prone* position, with coldness of the extremities, pale face, feeble respiration, and much thirst and uneasiness, will indicate dangerous bleeding. Similar conditions, with stertorous respiration and coma, indicate lesions of the brain. A tight closed mouth, with breathing through the nostrils, shows thoracic injury. With the body curved backwards or to one side we will look for spinal trouble. The trunk curved forward, with the knees drawn up, shows abdominal injury; while moderate anterior flexion.

with nasal respiration, will often point to pelvic complications. In case of fractures or dislocations, or any other injury to the extremities or locomotor apparatus, the signs are numerous and valuable, and will be fully given when we reach the appropriate chapters.

Having decided in this way the location of the injury, our attention is at once paid to that point, and when two or more wounds exist, the largest and most important is, of course, first attended to. When hæmorrhage has been arrested, and the more urgent symptoms have had attention, carefully examine the body for other and concealed injuries. A neglect to do this may cost your patient his life, and somewhat dim your reputation. I knew of a case where the medical attendant set and bandaged a fractured arm, and then found his patient almost moribund from a penetrating wound of the abdomen with hæmorrhage from the internal epigastric artery. The patient's name, age, nativity, residence and occupation must be committed to writing, with a full and accurate description of his injuries, with *actual* measurements taken when any are needed.

Attention to these apparently trivial matters is of the utmost importance, and I have added note-book and pencil to my own "accident case" for this purpose. It will only be necessary to mention, that a large proportion of these cases of accident are the result of affrays, to emphasize the need, for care in all the particulars referred to. A cursory examination of the description of shock, in our text-books, will bear abundant testimony to the frequency of death from trivial injury; a reference to any work on medical jurisprudence will furnish ample proof of the evils resulting from insufficient or careless medical attention. From a consideration of these two clauses of facts, it is evident that we cannot demand too much care and method in medical examinations, and it would seem, from this view of the case, that the claims of society might outweigh those of our patient. Still, as a matter of fact, the interests of both are of equal value, and one should not preponderate over another.

Poisoning by Laburnum.—Two fatal cases are recorded (*Brit. Med. Jour.*, Feb. 11, 1882) of poisoning by some undetermined portions of the laburnum tree. Two children, aged 3 and 8 years respectively, are supposed to have eaten of the tree (probably the pods) at the same time. The elder girl, 8 years of age, was seized with vomiting and diarrhoea. She complained of headache, and was prostrate. Six hours later, vomiting and diarrhoea had ceased. She then made a noise in her breathing, and continued in much the same state till her death, about fourteen hours from the commencement of the illness. Next day, the younger girl, 3½ years of age, became tired, sleepy, and vomited frequently. She passed two motions. Five hours later she was convulsed, and the convulsions continued till her death, eight hours from the commencement of the illness. The symptoms manifested by the two children thus showed marked differences. The only noticeable appearances, *post-mortem*, were in each case marks of irritation of the gastro-intestinal mucous membrane. No fragments of the plant were detected in the alimentary canal of either child, but the alkaloid cystisine was extracted from both children, and not only reacted as such to tests, but was given with fatal effect to a mouse.

Consultation Department.

ANSWER TO MEDICUS.

If Medicus wants to acquire a knowledge of the temperaments, let him get Dr. D. H. Jaynes' work on "The Temperaments," published by S. R. Wells & Co., New York. J. A.

USNEA BARBATA HEADACHE.

Is there any true merit in *Usnea barbata* for headache? G. I.

[The sphere of *Usnea* is given very briefly in the proving. The headache demanding *Usnea* is a congestive headache produced by exhaustion and heat. Until a more thorough proving is made and practical tests have verified its range of action, clinical tests must point out its uses. It is a remedy of promise.—ED.]

DISEASES OF CHILDREN—HOW DOES IT DIFFER?

DEAR DR. DUNCAN:—"I have your first edition of *Diseases of Infants and Children* and prize it highly. I also have your smaller work on *Hygiene of Children* and find in it some new and very valuable hints especially on diseases of the stomach. Where can I find this subject explained more fully? How does the third edition of your work differ from the first?" J. H. B.

[Dr. B will find that this new edition differs in many ways. The articles on the diseases of the stomach and bowels have been entirely recast and arranged on the pathological basis as given in the recent French and German authorities. Many new points and articles are added. By a careful comparison you will learn where the progress is made.—T. C. D.]

PRESCRIPTION FOR DYSMENORRHOEA.

The symptoms detailed in H. C. Hullinger's case of membranous dysmenorrhœa, would indicate Bromine. C. H. EVANS.

If H. C. Hullinger would give his patient Bromine 30x I think he will bring about a cure. D. W. HORNER.

In reply to "H. C. H." in last issue, I would study *Aur. met.*, *Calc. phos.*, *Alum.* (200th) and give relief at the time with *Gels.* 3x or *Viburn. op.* (tincture, five drops to teaspoonful). Have a similar case which has been treated Homœopathically for years, having been in the care of good physicians. *Bell. low* and the 30th has been taken with little or no relief. Gave *Bell.* 200th and now for the first time she is free from the terrible suffering she expected. Give the highest. W. S. GEE.

HOMŒOPATHIC PHYSICIAN'S MUTUAL BENEFIT ASSOCIATION.

I should like to inquire why it would not be a good idea, for us, the readers of *THE INVESTIGATOR*, to form ourselves into a Homœopathic physicians' association or mutual benefit insurance league. I have noticed that there are not over ten or fifteen deaths a year

among the whole Homœopathic profession, and if each physician who joins would pay in about two dollars and then be assessed a dollar or two for each death, say two dollars, it would not cost us over about thirty dollars each year. The two dollars from each would be a nice sum for the family of the deceased brother physician. What do you say, brethren? Perhaps our editor would act as secretary, and publish in *THE INVESTIGATOR* all the notices and thus keep the expenses down. If all your readers would join, and pay two dollars on the death of a member, how much would the amount be, Mr. Editor?

Yours truly,

J. R. H.

[The amount would be about \$5,000. We will gladly aid the profession all we can. The mortality among Homœopathic physicians is remarkably low, and it would seem that they should get the benefit, as they doubtless would from such an organization.—EDITOR.]

OBSTACLES TO HOMŒOPATHIC ADVANCEMENT.

In your July 15th number, O. B. Bird asks two questions: one in reference to Homœopathy in Cook County Hospital, the other in reference to Arapahoe County Hospital, Denver. I am glad he asked them, and I would very much like to know why Hahnemann Medical College worked so hard to keep Homœopathy out of the Chicago Hospital. If it were not pure jealousy, then what was it? I am a graduate of Hahnemann, and would like to see it relieve itself of this (to me) bad blemish. If there was no other reason than pure jealousy—a dog in the manger style—I shall not look on the piece of parchment, signed by the members of the faculty of Hahnemann Medical College, with as much pride as I have heretofore done.

As to the Denver matter, I think I could enlighten Dr. Bird a little. Had Dr. Everett been supported by the Homœopathic physicians of Denver, and the school been united, the Homœopaths would have the county hospital yet; but because Drs. Everett and Brett did not use the high potencies, but even stooped so low as to give Morphine on one or two occasions, the "pure" (?) Homœopaths concluded that they would have it run their way or not at all. "T'was ever thus," etc.

G. H. SIMMONS.

THUJA 73M ONCE MORE.

Why men who claim to be enlightened Homœopaths will resort to such silly prattle as has been adduced as argument against Dr. R. C. G.'s case reported is a strange thing. To take up the estimating of the quantity required to make a given potency as evidence against its efficacy certainly reflects on the man using such argument. Our opponents, when stooping to "boys' play," might be allowed such a privilege. The same ground for objection lies before him in reference to the 30th potency. The pith would be taken from "C.'s" objections if "R. C. G." had said the remedy was labeled "73m." He does not vouch for the correctness of his potency, neither was it necessary for his purpose. He merely reported the case for what it was worth. We don't stand by and see the "30th" prepared, yet we

use it and accept it as labeled. "A. C. G." resorts to argument of equal strength and shows that he does not know that the 78m is prepared with *one* bottle from first to last, or he feigns this ignorance to perfection. For men of his capacity, or others, *who have never tried* these very high potencies, to denounce them, and in a wholesale manner abuse the doctor who uses them, is surely unprofessional and ungentelemanly. Abuse is no argument. That looks like "bulling" sure enough, but the other party plays the "bull." I very much doubt the efficacy of those very high attenuations, but am willing to take these reports cautiously and try for myself. Seeing is believing. Let us act with some show of judgment and common sense in this matter.

W. S. G.

In your June 1st issue "C." seems seriously to doubt the virtue of this potency in the cure of verucæ. In reply I will simply say that two doses of the same potency removed at least sixty warts from the hands of another case (a boy) in six weeks. If "C." thinks he can do this with two doses of the 15th, the 30th, or even the 2c let him try it. He might fail even on the tincture. And *then* I should quote from an old, well-known book which says, "Friend, come up *higher*" and take a more exalted seat in the synagogue of potencies. We have a revival here on *warts*, and these two cases have given a general "boom" to Homœopathy. 78m *Fincke* sure.

R. F. GRAY.

WHAT IS IT?—WHAT WILL CURE?

What can you suggest in the way of Homœopathy for the following array of symptoms: Patient is thirty-one years old; married twelve years; barren; never had any miscarriage; had when young, disease of the hip-joint, which has left its effect with lameness and shortening of limb; nervo-sanguine temperament; blue eyes; fair skin. The most prominent symptoms are continuous pain all over the right chest of a choking character. When pain was first noticed it was fixed just above the mamma of the right side aggravated after lying down at night, lying on right side. Cannot inflate the lung while lying on right side. The pain is now diffused over the whole right lung at times, shifting in character. Sometimes the pain is on the shoulder and between the shoulders; then again low down over the region of the liver. She says that she feels that she would choke if the pains would come up in her throat. Has a feeling of great discomfort over the whole body in the morning as soon as she gets up; gets better after eating; sleepiness in the afternoon; heavy, weary pain low down in the back in the evening; has attacks of pressive, bearing down pain in the lower part of the abdomen over the womb, aggravated by moving about; aggravation in the morning; in the evening on lying down on the right side. The general symptoms are sighing with a disposition frequently to take a full breath; inclined to sadness; apprehensive; easily vexed; some vertigo; oppression of the chest on walking fast; don't like to make mental effort; has brown spots on the forehead and temples; menses regular, though suffers some pain at times; has had

leucorrhœa, but is better now ; appetite good ; digestion good ; bowels regular ; at times frequent micturition ; no eructations ; no borborismus ; abdomen occasionally bloated ; sleeps well on back : has no dreams ; no cough ; no thirst ; pulse rather too quick ; on auscultation and percussion can detect nothing specially abnormal, save that the murmur is not as full in right as it is in left lung ; some consumption on mother's side.

Now I will tell you what I have been doing for these symptoms: At first I gave her Bryonia and Macrotys in solution ; afterward gave Bryonia 30. The pain still remained. Then I fell back on an Old School remedy (I am just floundering out of the Old School), which gave her some relief, and she said she was considerably better. It was the following :

R Elixir Calisay Bark and Iron. ℥iv.
Iod. pot. ℥iij.
Tinc. Rhei, ℥i.
Dessert spoonful three times a day.

Upon refilling her bottle the second time, I substituted fl. ext. Dandelion in place of Rhei. Patient again-relapsed into former symptoms with aggravations from the Iodide of Potash in the shape of an eruption on left cheek and scalp with itching. I now concluded to go back to Homœopathy thinking that surely by closely searching for the right remedy, I might shoot a center-shot. After searching 7 Jhr. Cowperthwaite, Lillenthal, Hughes, and others, I concluded to give her Pulsatilla 30. a dose three times a day for eight days, when if she is no better will give Sulp. ur. I have forgotten to mention that I gave her Sepia 30 just before I prescribed the shot-gun load, and did not wait as she seemed no better.

Now, doctor, I have written this that Homœopathic physicians may know something of the struggles of a physician who was educated in the Old School and who is struggling for the light which he firmly believes to be found in Homœopathy. For two years I have labored, and light gradually dawns. I have found that I can frequently cure cases with the 30th where the lower attenuations will not cure, will in the future give some cases. If you, or any one of the readers of THE INVESTIGATOR will tell me what is the trouble with my patient, and suggest the remedy, I shall be grateful. I have just given the Pulsatilla, and, of course, cannot tell the result.

W. L. WHITTED.

The Limit of "Pathies."—Richard Grant White, in his "Words and their Uses," thus writes concerning "hydropathy" and similar expressions: "This word and 'electropathy,' and all of the same sort, should be scouted out of sight and hearing. Hahnemann called the system of medicine which he advocated, Homœopathy, because its method was to cure disease by drugs which would cause a like (*omoi-os*) disease or suffering (*pathos*). The older system was naturally called by him Allopathy, because it worked by medicines which set up an action counter to, different from (*allos*) the disease. These are good technical Greek derivatives. And by just as much as they are good and reasonable are hydropathy and electropathy bad and foolish. Why should water-cure be called water-disease?"—*Hahnemannian Monthly*.

Book Department.

SUPERSALINITY OF THE BLOOD, AN ACCELERATOR OF SENILITY AND A CAUSE OF CATARACT. By J. C. Burnett, M. D. London Homœopathic Publishing Company. Chicago: Duncan Bros. 24mo 90 pp. 50 cts.

This author having come to the conclusion that the habitual use of *too much* salt has a drying-up, a senescent, effect upon the organism, and that *some cases* of cataract are likewise due to eating *too much* salt, he has brought together in these pages some evidence tending to show that such is, at least, extremely probable. Aside from this the work contains some valuable clinical hints which will repay perusal.

DIET OF INFANTS AND YOUNG CHILDREN. By J. C. Morgan, M.D., Philadelphia. Chicago: Duncan Brothers. *Second edition.* 25 cts.

This is a second edition of Dr. Morgan's excellent essay on infant diet, which was quoted in our *Diseases of Infants and Children*. The chief feature of the little book is that it is a sort of directory of about all the foods for infants that have been manufactured. No one is championed; for the author sensibly says that there can be no one universal food, still the mass of the people, including physicians, would have received more good had the author given a few outlines or rules for the selection of food, for children of different ages. We know this is most difficult, still some attempt should be made. (See *Feeding and Management of Infants and Children*, pages 89, 126-150.) This little pamphlet of Dr. Morgan's will repay careful perusal, for it contains many hints that will be of great value to physicians and mothers during the hot months. We cannot know too much on the important subject of feeding well and sick children.

MEDICAL ELECTRICITY. A Practical Treatise on Application of Electricity to Medicine and Surgery. By Robert Bartholow, A. M., M. D., LL.D.

This work has been lying on my table for some considerable time, receiving almost daily reference. There have been so many works on this subject within the last few years, the larger portion being worse than useless, that had it not been for the author's well-known ability and reputation for careful, practical and scientific work, we would not have given it a second thought.

The works outside of one or two exhaustive treatises, are of no use to either the practitioner or student, being full of errors, and abounding in general directions, or reports of wonderful cures produced by electricity. Authors on this subject seem to forget that this is simply one of our therapeutic agents, and not a "cure all."

The author in Part I., comprising eight chapters, gives a plain, condensed electro-physics. Discussing Magneto, Natural and Artificial polarity and their phenomena. He next takes up the subject of Static Electricity, and their Dynamic, giving the various laws governing its production, conduction, measurement and regulation of strength.

The various forms of galvanic combinations, with practical remarks as to their adaptability to medical practice, under various circumstances.

This is followed by a clear, well condensed, description of Magneto-

Electricity and Electro-Magnetic Electricity and the laws governing them.

The next chapter is devoted to a description of several of the batteries in the market for medical use; followed by a very valuable chapter on the care of galvanic and faradic batteries and their manipulation. This chapter will be found of great value.

This closes Part I. or the Physics and is followed by Part II. on Electro-Physiology. He devotes forty-one pages to this part of the subject giving the physiological action of the different currents and the various organs and parts of the body, only so far as they are established, not undertaking to give the innumerable theories which have been advanced.

The differentiation between the galvanic and faradic currents, in their physiological action is clear and simple, forming as good a guide for determining which current should be used in a given case as the present knowledge of the subject will admit. There probably is no one question that I have had to undertake to answer as frequently as this: "When shall I use the galvanic or the faradic current?" "How can I tell which to use in any given case?"

Part III., consisting of thirteen pages is devoted to Electro-diagnosis. In this, we do not find that by the means of electricity we are able to diagnose any and all diseases to which flesh is heir. The author claims simply that this agent is a valuable aid to diagnosis, that it forms one element in the diagnosis of a number of diseases, and tells us in a very few words the best methods of testing and what is them eaning of certain results.

Part IV., comprising nine chapters and one hundred pages is on Electro-therapeutics proper. In this department we find plain, explicit directions for the medical application of the various currents to specific conditions. Nearly all the diseases in which this agent has been found of use, are specially mentioned and in connection, exact directions as to how best to apply the current. While I find in some instances, his methods do not agree with those used by me in the same conditions, yet they more nearly agree than any other author, and he has certainly been able to give his directions so that the physicians or student will get a clear idea of the method.

In speaking of Paraplegia caused by an acute inflammation of the meninges of the spine, he says that electrical treatment should be deferred until the acute symptoms have subsided. I think it much better in these cases to commence the application early, and use as he directs for the later stage, the uninterrupted galvanic current. I mention this simply as an illustration of some points in which I think the author at fault.

In infantile paralysis, the author fails to give any rules for determining in which directions the galvanic current shall be passed, seeming to consider that a direct current is always to be preferred. This is true, so far as the application to the spine is concerned, but not when applied to the paralyzed muscles. Here we should run the current in the direction from which we get contraction with the smallest force or power. In this disease also he recommends to wait until the acute symptoms have disappeared before using electricity; the earlier we commence, the better I believe.

Part V. is only about twenty pages and gives all that seems needed for the surgical use of this agent.

Part VI. is devoted to a few general remarks of a practical nature on Thermo-electricity. The entire work is only two hundred and fifty pages, but gives enough information for the guidance of the use of this remedy.

I consider it the most valuable and convenient work on the subject published.

N. B. DELLMAN.

Medical News.

W. L. Brett, M. D., of Denver, Col., sends us an interesting item that shows our profession alive to the situation in the West.

Died.—Bessie T. Sparhawk, only child of Dr. S. H. Sparhawk, of St. Johnsbury, Vt., June 11, one week after Mrs. Sparhawk died. We sympathize deeply with Dr. S. in his bereavement.

Removals.—F. H. Van Liew, M. D., has removed from Aurora to Hinsdale, Ill.

Dr. C. F. O. Miessler has removed from Altamont to Taylorville, Ill. This leaves a good opening for a Homœopathy. One who speaks both German and English preferred. Homœopathy is introduced and takes well. Future prospects good.

Locations for Homœopathic physicians in Nebraska, Fairbury, Hebron, Riverton, Bloomington, Orleans, Beaver City, Sidney, Plum Creek, Central City, Aurora, Harvard, Lutlow, Fairmont, Ashland, Utica, Fullerton, Madison, West Point, Oakdale, O'Neil City, Crete, Ocoola, Stromsburg. Those in italics are county seats. Will answer all inquiries. Enclose stamp for reply. G. E. BROWN, Albion, Nebraska.

A New Picture of Hahnemann.—Dr. T. H. Whiting has presented the profession with an elegant cabinet photograph of Hahnemann. It is a vignette from a medallion, and the classical head and face stands out in bold relief. We have long wanted a photograph of Hahnemann nice enough to be placed conspicuously in our parlor, and are therefore very thankful for this one. Every Homœopathic family should possess this splendid picture.

Diseases of Children.—We like your third edition of *Diseases of Children* very much; consider it a very complete and valuable work. One that no careful and thorough practitioner can well do without, in the management of babies.

BANTON & CHAMBERLIN.

Having carefully read "Diseases of Infants and Children," allow me to say that it shows deep research and close observation. It certainly was needed badly enough, and must and will induce a close study of this class of diseases.

W. P. ARMSTRONG.

There is an earnest call in Thomsontown, Juniata Co., Pa. It is a beautiful country place within a wide interval between Homœopathic physicians, and I think an energetic, capable man would soon have work enough for two horses, and a good one he must have to begin with. He might locate in McAllistersville at one end of the valley, or at Richfield, ten or twelve miles away, at the other end, or at Thomsontown, or East Salem within the district. He should not be afraid of riding, and it would be an advantage to be able to speak German, although not absolutely necessary. For further particulars, address Dr. J. W. KURTZ, East Salem, Juniata Co., Pa.

A Homœopathic Free Dispensary has been inaugurated at Denver, Col. It is aided by liberal appropriations from the county commissioners, mayor and common council. The following physicians compose the staff: Dr. N. G. Burnham, throat and lungs; Dr. L. G. Ingersoll, general diseases; Dr. W. L. Brett, general diseases; Dr. J. W. Huffaker, general diseases; Dr. W. F. Wilson, diseases of the eye and ear; Dr. J. C. Johnson, venereal diseases; Dr. H. P. Button, diseases of women; Dr. A. S. Everett, surgery; Dr. N. K. Morris, skin diseases; Mrs. Dr. H. M. Spencer, diseases of children.

[This is a flank movement on the enemy that will tell when the general engagement follows, the skirmish already chronicled.—ED.]

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Eye and Ear Department.

*DEAF-MUTISM CURABLE BY HOMŒO-
PATHIC REMEDIES.*

A pamphlet on the above subject, by Dr. Robert T. Cooper, of London, has been received through the kindness of the author. The question to which the doctor has devoted his attention, is the possibility of a restoration of the hearing to those in whom that sense has been lost through disease—the loss of speech being secondary and contingent upon the deafness. As these constitute a large proportion of the mutes, the possibilities shown by Dr. Cooper's cases, invest the subject with the greatest interest, and a resume of his monograph will be of value.

Congenital deaf-mutism, owing its origin to trophic changes, taking place in foetal life, and unfitting the ear for use as an acoustic instrument, is, of course, not amenable to treatment, and is briefly referred to. Very different indeed is it with a large proportion of the cases of deaf-dumbness

we meet with. Some authorities have it that forty, others that fifty per cent. of these are of the acquired form; and all are agreed that a very large proportion are due to the improper treatment of deafness—let us rather say the ear diseases of infancy.

The first case reported appeared in the "*Homœopathic World*" for November, 1879. A girl of eight years having been deaf for three years, after scarlatina, was said to have certain amount of thick speech, but it was impossible to detect by the watch or tuning fork any hearing faculty whatever. Tonsils were enlarged, and drum heads apparently normal.

Treatment lasted during four months, consisting at first of *Calcarea phos.*, followed by *Soda chlorata*, with some benefit to her health, but no improvement in hearing. She was then given *Ferrum perinitricum* tincture for some weeks, when certain sounds were evidently perceived, and the cry of a baby was noticed. Treatment was unfortunately at this stage discontinued.

The result in the next case was so remarkable as to warrant its reproduction almost complete.

The patient, a delicate child of nine years, is subject to earache, and after these attacks it is just possible to detect some hearing; at other times it is impossible to make her hear anything. She has never had any discharge from the ears, nor anything to account for the deafness. Tonsils were very large, the left pressing against the right, with the uvula sticking to it. The tympanal membranes were sunken, but of natural suffusion, and, as might be expected, she has never spoken plainly, and cannot make herself at all understood; also is very nervous and is in the habit of stuttering. Seems to catch the sound of watch in contact with both ears—certainly not when not touching.

First prescription, *Calcarea phos.* 3x, fifteen grains, for a week.

March 2, 1878, worse—much headache and earache.

Suspecting a tendency to tubercular meningitis, *Merc. sol.* 3x was given as above. March 9th, no better—still much headache.

Finding the pains persistent and irremediable by ordinary remedies, Sulph. tincture was given with good effect, and next report was favorable as regards head and ear pain.

April 6th, as she was not hearing so well, and the tonsils continued large, Calcarea phos. was given for a fort-night. It improved her in every way, and was gone on with until the symptoms came to a stand still (June 15, 1878), she having at one visit in the interval, heard a little off contact with the right ear.

Now, Hydras. 3x, ten drops, for the fort-night was given, and the next report (June 29th), was that she had never heard so well in her life. Watch hearing: right, three and one-half inches; left, one-half inch.

By July 13th, right, three and one-half inches; left, two and one-half inches under the same.

We now pass to October 15th, when Calcarea phos. 2x was given, and on the 26th, this note was taken: "Is very much better—can now hear her mother speaking, which she never could do before."

By February 1, 1879, after a few nights of Mercurius, she could hear a watch at twenty inches, right; fifteen inches, left.

Her mother considered her quite well enough, and kept her from attending; but when the cold weather of December, 1879, came on, she rapidly went back and had to continue coming, with more or less improvement, till February, 1881, when her hearing and general health seemed very good indeed. Hearing: twenty-two inches, on right; fourteen inches, on left.

At date of present writing, the girl is tall, strong and robust. Has been taking Staphysagria 3x, and the last report was, that she can carry on a conversation quite well, answers any question in a perfectly intelligible voice, and the watch hearing is all but normal, twenty-five inches on the right, and twenty inches, left.

In conversing with her, I had not to raise my voice in the least.

As to the remedies mainly instrumental in effecting im-

provement, we must point specially to two, though many others were used whose beneficial effects were clearly—we may say positively recognizable. These were *Calcarea phosphorica* and *Hydrastis*; the former acting better in low potency 2x; the latter very manifestly in the 3x, pilules of which acted much better than did the mother tincture.

The next case described is that of a delicate boy of seven, with a family history of insanity. Hearing for watch was three inches on left; eight inches, right. Remained under treatment for about two years, under such remedies as *Calcarea carb.*, *Kali hyd.*, *Lycopodium*, *Rhus tox.*, *Soda chlorata* and last of all, *Belladonna* 200. Improvement depends on the mother's assurance after he had left the hospital—it was not greatly changed while under treatment—that he was very very much better, and going to school.

The next case, a dark haired, highly nervous girl of five years, after a severe attack of brain fever, when two years of age, became "totally deaf." It can not be discovered that she can hear a sound. She is capable of making a strange noise but there is no sense in it.

Calcarea carb., *Terebinth* and *Lycopodium* were given successively for two months, each in the 200th, without apparent change.

These were followed by *Sulphur* 30, when after a few weeks the following pleasing note was taken: "Distinctly hears in left ear, but not at all, as is now perfectly apparent, in right.

Terebinth 200 was next given, when after two months, she was now hearing, beyond any doubt, in both ears. The hearing tests are not given, and the patient, at date of writing, was still under treatment.

The next case showed progressive improvement under *Calcarea carb.* 200x, 30x, followed by *Manganum acet.* 30.

The next, a case of profound deafness in a child. He responded to none of the tests of hearing. The child had otorrhœa, but the doctor says nothing of the condition of the *membranæ tympanorum*. Treatment extended through a number of months. Remedies consisted of *Calcarea carb.*

200, which was followed by improvement in the general condition and the tuning fork was heard when placed between or above each ear.

Following this more successively, giving Silicea 200, Acid phenic 6x, Hydras. 3x, Calcarea carb. 3x, and again Acid phenic 6x, when the hearing had reacted two and one-half inches for left ear; three inches for right. After Calcarea carb. 200, Staphysagria 3x, Potassa hydrang. 3x, Mercurius iod. and Kali hydriod, the hearing improved to four and one-half inches for the left, and eight inches for the right ear. His articulation though not perfect was greatly improved, and he was attending the public school at the last report.

In concluding his valuable paper, Dr. Cooper says:

The important conclusions, legitimately deducible from the facts now brought forward, are these:

First, "deaf-mutism is, if taken in time, no more incurable nay even more curable than the ordinary forms of deafness of adult life.

Second, were proper attention paid to the affection, many who are now inmates of deaf and dumb asylums, might be in the possession of voice and hearing.

Third, whereas Allopathy has never done anything for the treatment of this malady, it is, under properly applied Homœopathy, a perfectly remediable and even curable affection."

BUFFALO, N. Y.

PARK LEWIS.

The Place of Pathology.—"What place is this? This is the pathological Society. How does one know it is the Pathological Society? You know it by the specimens and the smells. What does that gentleman say? He says he has made a post-mortem. All the gentlemen make post-mortems. They would rather make a post-mortem than go to a party. What is that on a plate? That is a tumor. It is a very large tumor. It weighs one hundred and twelve pounds. The patient weighed eighty-eight pounds. Was the tumor removed from the patient? No, the patient was removed from the tumor. Did they save the patient? No, but they saved the tumor. What is this in the bottle? It is a tape-worm. It is a long tape-worm; it is three-quarters of a mile long. Is that much for a tape-worm? It is, indeed, much for a tape-worm, but not much for the Pathological Society."—*New York Medical Record.*

Children's Department.

PÆDOLOGICAL STUDIES IN SUMMER.

FROM THE CHILDREN CLINICS, CHICAGO HOMŒOPATHIC MEDICAL COLLEGE. REPORTED BY A STUDENT.

Professor Duncan spoke substantially, as follows:

LADIES AND GENTLEMEN: We shall see this summer many unusual and extreme cases, and, in fact, you will get hints on the study and management of children in hot weather that you could not possibly get in the winter course.

Case 15781. This child is eight months old and nursing. You see it is not thriving. The mother says it wants to nurse frequently, especially at night,—“tugs at the breast the whole night.” Its stools are thin, frequent and green. It is, as you see, restless and uneasy. The remedy is evidently—what? “Arsenicum.”

Correct, but that or any other remedy will not cure this case unless we remove the cause. Let us get at that. Is the cause with the child? It has no apparent disease. These symptoms did not come on suddenly, but gradually. Let us examine the milk fountain. Madam, have you much milk? You observe the flabby breasts and the difficulty the child has of getting the milk to start. Now, if we go to the Physiological Laboratory for a microscope we would see what is the matter. A part of a drop on the slide is all we need for examination. You know the appearance of normal milk, (see p. 297); the globules of fat are numerous and large. You would see here a few oil globules and several very small corpuscles. The verdict is that the child is starving. Shall we wean it now or supplement the mother's milk? This is a most important question to decide just at this time. If the case were allowed to go on without interference it would fail steadily, and be a most interesting one to study but humanity will not permit us, and again

we shall yet see plenty of children in all stages of inanition or athrepsia. We will give this child the remedy you so clearly selected, and order an oil bath once a day, at night. That may enable it to sleep all night without disturbing the mother. We will also order it a dish of soda cracker-water with a little milk, once a day. One of you will visit the case to-morrow and learn more of the difficulties with the milk fountain*. Next.

I have been asked if you can invite physicians and mothers to these clinics. Certainly. I have only one request to make, and that is, that mothers control their motherly feeling in the presence of patients. In nursing cases the mother must be kept as hopeful as possible. Cheerfulness or composure improves the quantity and quality of breast milk.

CASE.—This poor child was brought to my office two days ago, and I have had the mother report here that you might get the benefit of the study of this interesting case. This child is only a month old, it weighed twelve pounds and now weighs only eight. You see the blue parchment-like, wrinkled skin. The veins are full, the blood is thick, and is beginning to stagnate in the sinuses of the brain. The cranial bones over-ride at the sutures. Through an inefficient nurse the child was not made to take the breast. It was fed from the first. Madam, what did you give it and how?

“Condensed milk, one teaspoonful to twenty of water. We used a long tube and nursing bottle.”

Did the food agree?

“It would vomit it up and had a diarrhœa.”

How long did you continue that food?

“I think about two weeks, and then we changed to cow’s milk and it vomited that up also.”

*The visiting member found a poor widow woman struggling to exist, anxiety, and insufficient food was the cause of poor milk. She had constipation and prolapsus. The Relief society came to her rescue and the mother and child are both doing well. She has more and better milk, which, with the supplemental food, satisfies the child.

Why did you persist with the milk when it vomited it all up?

"Because the old ladies said healthy children always vomited a good deal."

The old adage "spitting babies are healthy babies" is a falsehood, as we have a striking illustration in this poor, emaciated baby before us. Here we have a case approaching the third stage of athrepsia. It has been called summer complaint, but the summer has nothing to do with it. You see its tongue is stripped of epithelium, smooth, red, and on the sides and cheeks covered with the thrush fungus, always an evidence of malnutrition. Can we save this case? The chances are against it. Do not weep, madam, we will save your baby if possible. You want to know the truth. I shall delegate two members of the class, who are not now busy with cases, to visit and watch the case closely. The remedy is clearly *Mercurius*. There is possibly a taint that it will also meet. She tells me that she has had two miscarriages at two and four months. Possibly it is just as well she did not nurse this child. Now what food shall we give it?

"An oil bath."

Yes I prescribed that twice a day, and she was to try Nestle's Milk Food. How did that agree?

"It kept the first down, but finally vomited it all up."

The stomach was overloaded. Can any of you suggest a food for this child? "Arrow root," "Horlick's Food," "Cream," are spoken of. We will try the cream diluted as directed in my book. If it does not agree do not persist with it, madam. It should be fed once an hour with a tablespoonful of the food at once. There is as much in the method of feeding as in the food in these extreme cases. I want one of the lady members of the class to spend a good deal of the time with this case for a few days, watching the case and teaching this young mother how to care for it properly. The experience will be invaluable.

[Later. The cream food just suited the child and with an

occasional meal of Horlick's Food, it is thriving as well as could be desired and to the astonishment of all.]

CASE.—The next case I will show you is another curiosity, brought here at my urgent request. It came to me from across the state from a limestone region. You remember what I have repeatedly told you about the effect of limestone water on infantile development—*Calcareæ* poisoning. You notice that this child is excessively alkaline. You observe that it holds its head well back and has a snuffling breathing. You observe the full neck. It has congenital hypertrophy of the tonsils. These glands are enlarged, and as we would expect others will be also. Its diseases will all be obstructive. Now there is a flag of distress hung out on the outer wall for us to notice and fly to the rescue. Do you note the color of the skin? Observe closely, for as far as I now remember, it belongs with only one disease. Notice it has a yellow, tawny, dirty look. It was always so, the mother tells us, but worse recently. It is not dirt for you see it is scrupulously clean. There is no jaundice about it. The whites of the eyes are pale rather than yellow. Now we will listen to the history of the recent attack it had, which it is now convalescing from. Mrs. — can give us a very intelligent description of how it was taken and all about how it acted.

[The story was briefly this: The child was taken with fever and had several spasms during the fever. It lay stupid for a long time. It finally began to cough a little, they poulticed its chest and it slowly recovered. During that time it passed very little water which was very high colored. Before this attack and since, it had sweat a great deal.]

The attack puzzled the attending physician and no wonder, it is unusual. If I tell you that that was inflammation of the kidneys as manifest in babies, the case clears up at once. The sweating before the attack was evidence of obstruction of the kidneys—such as is often met in limestone regions. In a child with such tonsils we would expect sweating about the head. Feel them on the outside. Now take a

peep while I make it gag. Sweating with that peculiar skin should always direct attention to the great excretory organs—the kidneys. Those convulsions were uræmic. That cough was excretory—the lungs trying to relieve the surcharged system. The remedy at the time was *Apis* or *Hyos.*, but now it is clearly *Mercurins*. The tonsils, the high colored urine, staining the diapers a deep orange, and the sweating all call for *Merc. iod.* This child and the mother should both drink boiled water or soft spring water.

Remember the peculiar appearance of that skin, for it may give you a clew to the cause and cure of some of those persistent cases of so-called summer complaint, entero-colitis, that we shall meet in the latter part of summer. But other interesting cases are in the waiting room, and we must pass on with the request that this child report in a week or two, that we may note the improvement, and especially the progress in the bleaching process.

THE FEEDING OF INFANTS.

ADVICE FROM A PHYSICIAN TO MOTHERS UPON THE FEEDING
OF INFANTS AND YOUNG CHILDREN.*

It is the wish of every fond mother to succor the child which she has brought into the world, and to make any and every sacrifice that will add to its health and happiness. From the moment of birth every whim of the child is studied. It is suckled every time it cries, under the belief that a healthy infant never cries unless it has an empty stomach. In this way a child is usually nursed from twenty to one hundred times during the twenty-four hours; and the mother, either in her ignorance or thoughtlessness, or both, imagines that she is displaying her love by making a gourmand of her baby.

Now, young mothers, and even older mothers who may

*Written in the interests of Horlicks Food.

have succeeded in raising a large family, and may imagine that you know all about infancy and infant diet, let us look at this matter reasonably and let us see whether this plan of stopping the child's crying by filling its mouth with the nipple is really as conducive to its health and happiness (and, necessarily, also, to yours), as it may appear to a casual observer.

In the first place, let me call your attention to the fact that the stomach takes a variable length of time to digest a meal, and after the digestion it should have some rest before being again taxed. Again, if a meal is too hearty, the action of the stomach is interfered with, and indigestion results. In many cases this will result in vomiting to relieve the overloaded stomach, and you may have noticed this in your child after a long nursing. *Impress these facts upon your mind*, and formulate these rules:

First, always allow time for the digestion of one meal before taxing the stomach, and especially the delicate stomach of an infant, with another.

Second, never give too hearty a meal to your infant, if you would have its food properly digested.

You will now naturally ask how often an infant should be suckled. A good rule is from six to ten times a day—never oftener than this—and to gradually diminish the number of meals as the child increases in years, until by the time it has attained the age of three or four years, the usual three or four meals per day will be sufficient. “But,” you may say, “if I nurse my baby but six or eight times during the twenty-four hours, this will not be sufficient; he will grow thin and weak, and I know he is hungry.” If this be so, it is no reason for increasing the number of its meals, as by doing so you will probably induce dyspepsia, diarrhœa, etc., and ruin its health. When your infant does not thrive well, you will probably find the cause of it in your milk, which is not rich enough. The child needs more nourishment, and it will be necessary for you to call to your aid an artificial food, and to give it in conjunction with your own breast-milk. In this way you increase the amount of

nourishment without increasing the number of meals, and both the child's and your own health is preserved.

First, select an artificial food of the proper kind, and make no change in the diet of the infant.

Second, keep the bottle, tube, nipple and brush scrupulously clean at all times, scouring them after each meal. Better still to use no bottle at all, but feed the infant with the spoon, which can easily be kept clean, and in the use of which you run no risk of having the food turn sour by passing through a tube which may have a particle of decomposed material lurking in some corner.

You will now naturally ask: "How long is the infant to be fed in this way?" A good rule to follow is *never to give the child anything except fresh milk and a properly prepared artificial food until it has the majority of its teeth*. You may then gradually change the diet, giving stale bread and butter, oatmeal porridge, fresh ripe fruit, etc., but avoiding pastry and sweets, tea, coffee, and "everything that is on the table." You should not allow your child at the table until it is six or eight years of age.

I should like to speak of this matter more in detail, but my object here is only to indicate the principal points to be observed in dieting infants and young children. If you follow the rules given implicitly, the chances are that your child will survive the period of greatest mortality.*

Now let us consider the great question:

WHAT IS THE BEST ARTIFICIAL FOOD FOR INFANTS?

I would have you look at this matter understandingly, and therefore direct your attention to some well established physiological facts:

With the eruption of the teeth there appears a substance known by physicians as "diastase," the use of which so acts

*According to the death returns made to the Board of Health in New York City, about one-half of the total number of deaths occur during the first five years of life, and from diseases due principally to improper food and feeding.

Baron Liebig, the greatest authority on infant diet, states that the majority of children who die under one year of age, do so from the effects of improper food, or from the improper administration of the food.

upon all starchy food that it can be digested easily as soon as it reaches the stomach. Before the teeth have appeared, the child is supposed to follow the natural order of events and to have no nourishment except that provided by Providence, which contains no starch whatever. When starchy food is given, even in small quantities, there being no diastase, it passes unchanged to the stomach, where it acts as an irritant and produces indigestion, diarrhœa, vomiting, etc., and the child becomes weakly. Most of the prepared foods for infants in the market, also tapioca, farina, corn-starch, sago, etc., all contain starch in large quantities and are consequently to be avoided.

In the *Virginia Medical Monthly* Dr. Davis says: "There is, perhaps, no error more common than that of administering to the infant arrow root, corn-starch, tapioca, rice, oatmeal, sago, bread, crackers, or other starch foods, with the idea of thereby enriching the aliment provided by the substitution of cows milk. This error is a very grave one, and the administration of this starch food is very injurious to infants, as it is not until after dentition that diastase is secreted by the salivary glands, and starch food remains in the stomach and intestines, not as food, but as a substance non-assimilable, foreign, and only disposed to irritate the delicate membranes." Dr. Routh, author of "Infant Feeding and its Influence on Life," says: "I cannot conceive anything more injurious than arrow root feeding. I believe it is the cause of death of many infants."

Our object, then, should be to find a food which is **FREE FROM STARCH**, so that no substance shall be conveyed into the infant's stomach which cannot be readily digested. For years, this was a problem not easy to be solved, until the late Baron Liebig succeeded in preparing from malt barley and wheat flour a food which was entirely free from starch, but which contained nourishment suited to the most delicate stomach in a concentrated form. Messrs. J. & W. HOLLICK & Co. became convinced that there would be a demand for such a food properly made, and in 1875 began the manufacture of it on a very extensive scale. The medical

profession endorsed their efforts, and, solely through the influence and recommendation of the most distinguished physicians from all parts of the country, the sales have become so large as to justify them in greatly reducing the price, and thus place this invaluable food within the reach of persons in very moderate circumstances.

HORLICK'S FOOD FOR INFANTS, DYSPEPTICS AND INVALIDS.

A concentrated extract, prepared according to the formula of Baron Liebig, and recommended by the highest medical authorities as the best food for infants. A perfect substitute for mother's milk. Contains no starch.

It is well known by physicians that infants cannot digest starch until they have their teeth, as until that period they do not possess the special ferment "ptyaline" or diastase, which is necessary for the digestion of starchy foods. Mother's milk contains no starch, but milk sugar, which is transformed by the acids of the stomach into grape sugar. Whenever infants cannot be fed by breast milk, it is easy to help nature by giving Horlick's Food which is prepared from malt and wheaten flour, the malt (which contains vegetable diastase) so acting upon the flour as to transform it into dextrine and grape sugar. It also differs from other foods in being alkaline instead of acid.

HORLICK'S FOOD is in the form of a dry extract, perfectly soluble, and entirely free from bran and husks, and will be found on trial to be not only the best food for infants and invalids, but also the cheapest, as through their increased sales the proprietors have reduced their price 25 per cent., to bring it within the reach of all. *Analysis of Horlick's Food.*—Grape sugar, 29.5; Dextrine and sugar forming matters, 49.4; Nitrogenous matters, 14.3; Phosphates, 3.2; Moisture, 2.3; Residue, 1.3; total, 100.00.

It does not contain any starch, showing that the decomposition of the flour into soluble grape sugar and dextrine has been completely effected. It is also free from caramel—a proof of the care and attention which has been paid to the

evaporation of the food. It contains the necessary amount of phosphates, so essential for the production of the bone and brain; consequently, children fed on this food have superior intellectual developments to those fed on improper articles of diet, and are better fitted for the coming struggle of life.

That the secretion of the mother is the natural and best food for infants, cannot be denied; but when this is deficient a satisfactory substitute has to be found, and experience has proved that a purely starchy diet is injurious to health and difficult of assimilation. Children cannot digest starch until they have their teeth. *Horlick's Food is entirely free from starch*, and the transformation of the flour into soluble dextrine and grape sugar is complete, giving the greatest amount of actual tissue-forming matter in the least bulk of any known preparation; thus making a reliable, economical and highly nutritious food, which the digestive organs of the weakest infant, dyspeptic or invalid can assimilate without difficulty.

This food will be found to give the best satisfaction in all cases of summer sickness, vomiting, etc.

Mothers nursing will find great benefit by taking this food themselves, as it greatly increases the quantity and quality of the milk, or it may be given to the child alternately with the breast milk, when the latter is deficient.

It has also of late come into extensive use as an article of diet for patients of scrofulous diathesis, in tuberculosis, and in fact in all cases where the system is reduced and the digestive organs have been enfeebled. It is given with great success in all cases where formerly cod-liver oil has been given, and possesses undoubted advantages over the latter, as it is already digested, very nourishing, and can be tolerated by the weakest stomach, which gives it rank above all others as the best food for *dyspeptics, consumptives and invalids*.

Horlick's Food is not a medicine, but simply a nutritious article of diet, and is the best substitute for *tea* or *coffee*, being more nutritious, palatable and more easily assimilated

than the many kinds of cocoa and other preparations now in use.

DIRECTIONS FOR USE.

For infants under the age of three months, and for delicate children.—Dissolve half a tablespoonful of the food in a quarter of a pint of hot water, and add sufficient cows milk to make half a pint, and give it to the infant by means of a feeding bottle.

For children above the age of three months.—Dissolve a tablespoonful of the food in four tablespoonfuls of hot water, and add sufficient cow's milk to make half a pint. REDUCE the quantity of milk, or use fresh cream diluted with water, or use water alone with the food, if the former disagree.

For adults.—From one to three tablespoonfuls to the half pint, twice or three times a day.

The quantities prescribed under directions for use, are as fully explained as possible. It must be left to mothers and nurses to use their own discretion as to the exact quantity of food necessary for a meal. Strong, healthy children often require more than others of a weak and delicate constitution. As a rule, if the child wants its food oftener than once in two hours, the food is too weak. If the child throws it up, when apparently well, it is too strong and should be weakened. When a change in diet is made, it may be thrown up sour for a few times; if persistent and in hard, cheesy clots, the child is ill and needs medical attention. Possibly a teaspoonful of lime water mixed with a meal of the food may correct the disordered condition.

We would recommend that the food be dissolved in the necessary quantity of hot water and the milk then added. It can then be brought to the proper temperature (which should be a little warmer than the body) by placing the bottle containing the mixed food in hot water for a minute or two.

Should the whole not be taken, the remainder must be

thrown away, as a second warming might turn it sour and make it unfit for use.

The nursing bottle, and especially the tube, should be kept scrupulously clean. After each meal they should be brushed out and kept in cold water (in which a teaspoonful of bi-carbonate of soda to the pint of water has been dissolved), until the next meal.

In the event of the first few meals producing a looseness of the bowels, it should not be mistaken for diarrhoea, or create alarm, for the stools of an infant should be semi-fluid, and in a day or two this normal state will be regularly observed.

It should be borne in mind that this food is intended for perfectly healthy as well as sickly children, and it is unfortunate that it is often tried as a last resource, instead of being given as soon as the mother becomes aware of a deficiency of breast milk.

It is needless to observe that the most genuine milk should be used, and the greatest care taken to prevent its souring.

It is necessary that the infant should be kept warm, especially during the time it is being fed, and it should be fed in the lap of the mother or nurse, as near as possible in the position it would be if suckling, and not, as is generally the case, lying on its back, with its head perhaps lower than the body.

"Cows milk, except the animal has been fed exclusively upon grass, is almost always acid; human milk is always alkaline; hence another reason why cows milk disagrees with many children."—C. H. F. ROUTH, M. D., *London, England, Author of "Infant Feeding and its Influence on Life," third edition, page 152.*

HORLICK'S FOOD, being alkaline, corrects the acidity of cow's milk, and combined with it makes the *very best food*.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

PORTLAND, Oregon, Aug. 15.—Dr. R. Arnold is on a visit to the east, and gave us some facts in reference to the climate of the coast. Bronchial and rheumatic troubles are especially developed. They have much pneumonia. Consumptive cases are rapidly fatal. The mountains, however, are especially curative for this class of diseases. The elevated plateaus are especially exempt from this class of cases. They have no bowel troubles. Cholera infantum is not known; in Portland and in San Francisco a few cases have been reported, but are due to local causes. There are no typhoid fevers, but remittent in type. Cases of ague, except on the bottoms, and few and far between. The thermometer rarely goes above 80°.

EPILEPSY CURED BY OENANTHE CROCATATA.

BY W. A. DUNN, M. D., WABASH, IND.

CASE. L. J., female, aged sixteen, Irish, light complexion. Was a weakly child; father drank to excess. When about nine years old was seized with epileptic attacks, with spasmodic jerkings, salivations, etc., being wholly unconscious during the spasms. Would have a number during twenty-four hours.

After having them for a year, they were suppressed by Bromide of Potassium and did not return until she was most twelve years old, when one night she had a number of fits and on the following day she menstruated for the first time.

From that time, she had the fits frequently during the

day, and most every night she would have a number, always during sound slumber. She menstruated very irregularly—sometimes missing a number of months. When she came to me a year ago, she would have a number of fits each night, almost as fast as she could go to sleep. Was debilitated, jaundiced, and had a vacant, imbecile expression. Appetite capricious.

August 27, 1881, I gave her "*Ceanthe crocata*," and when she returned, September 10th, she had had no fit since commencing with the "pills." I was surprised. There was a decided change in her appearance; appetite good, and she felt "very much better." Continued *Ceanthe*, and on September 17th, she was still improving, having menstruated naturally during the week. October 7th, I gave her more of the remedy, after which she had no medicine.

I saw her to-day and she assured me she had not been sick a minute or missed her "turns" for almost a year. Her eyes have a natural brightness, and she looks very intelligent with the appearance of perfect health. Will some one give us a proving of *Ceanthe*?

ALOE IN CHRONIC STOMATITIS—ULCER- OSA AND INTESTINAL CATARRH.

BY A. A. WHIPPLE, M. D., QUINCY, ILL.

Read before the Illinois Homœopathic Medical Association.

I was appointed at our last meeting to contribute something pertaining to the diseases of females; but as I have no pet theory to spin out into a long essay, I will only mention a case that came under my care since our last meeting, which I think is worthy of notice. It is gratifying to a physician who pretends to use remedies in accordance with the Homœopathic law, to demonstrate by clinical experience the truth upon which our faith is founded. It is not only encouraging to the physician, but an honor to our profession, whenever we make a good Homœopathic cure.

The lady whose case I have selected for your consideration

to-day had long been under the professional care of some of the best Old School physicians in Adams county, gentlemen of education and experience; but their best efforts failed, and the patient was given up as a hopeless invalid. It was the same old story. "All that science could do had been done." By the urgent request of friends, she was induced to try Homœopathy, but as she afterwards said to me, she had never tried that practice, had no faith in it, and no hope of ever being any better.

The lady's age was twenty-seven, dark complexion, naturally spare figure; had been married nine years; has had four children, three of whom are living; the younger was eleven months old at the time I was consulted, November 9, 1881. The trouble was a chronic stomatitis ulcerosa and a chronic diarrhœa. The first was a form of follicular inflammation, producing ulcers of considerable depth, which had, like a good brother or faithful husband, stuck to her through good and evil upwards of six years. The mouth had never been well in all this time. The diarrhœa commenced about one year before I first saw her, and had been constant from that time on. The patient, as may easily be supposed, has no appetite, very poor digestion, is feeble, much emaciated, and greatly discouraged. There were from ten to twenty stools each twenty-four hours. Usually worse in the latter part of the night and early morning. They were variable, at times watery or slimy, but quite often of a jelly-like mucus, and always a great amount of flatus. But the most characteristic symptom is the following which I give in her own language: "When desire comes I cannot wait." In other words, to use the language of our esteemed friend, the late Carroll Dunham, of New York: "The desire for stool is sudden and extremely urgent, being felt in the hypogastrium and in the rectum, and being so urgent the patient can scarcely retain the fæces long enough to effect the necessary strategic change of base."

I prescribed Aloes 200th six powders, one to be taken each evening at bed-time, followed by Sac. lac. On November 21st she reported as feeling better; does not have as many

movements; mouth is not as bad; feels encouraged. Gave two more powders of Aloes 200th as before, followed by Sac. lac. This was the last and only medicine given.

Dec. 2d. Husband reports Mrs. W. as being much better; bowels acting only once each day. Mouth well, and her appetite better than it has been at any time during the past year. She is stronger and gaining flesh. Continued Sac. lac.

Jan. 2. Mrs. W. reports in person; says her mouth has been well since she was at the office last. Bowels regular; appetite and digestion good; sleeps well and is gaining flesh. Says she weighs more and is feeling better than she has at any time in the last six years. Continued Sac. lac.

Jan. 20, 1882. Husband called at the office and reports Mrs. W., still doing well; but thinks she ought not to stop taking medicine quite yet, so I sent her a few more powders of Sac. lac.

VERATRUM VIR. CURES ASTHMA.

Mrs. — had attacks of asthma since childhood, following an attack of croup. She had the attacks from August all through winter until spring. They would occur about every two weeks, during the coldest weather. She could not go out at night. After trying various remedies *Verat. vir.* was given with complete relief. The attacks would be broken up in fifteen minutes with eight drops of the tincture. A drop before each meal and two drops before retiring continued for months cured her completely.

Materia Medica Department.

HYDRANGAEA ARBORESCENS IN RENAL CALCULI AND OTHER URIN- ARY DISORDERS.

BY E. M. HALE, M. D., CHICAGO.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

This elegant shrub is found growing in the middle, western, and southern states, on mountains and hills or near rocky streams. It is called by the country people "*Seven-barks*," from the fact that the bark is composed of seven layers, each of a different color. The *root* is the portion used. When fresh it is very succulent, containing much albumen and mucilage. The tincture should be made of the fresh root. This remedy was first introduced to the profession by Dr. S. W. Butler, of Burlington, N. J., as a remedy for the removal of calculous or gravelly deposits in the bladder, and for relieving the excruciating pains attendant on the passage of calculi through the ureter. The power of *curing* stone in the bladder is not claimed for it. It is only while the deposits are *small* that it is an efficient remedy. Then by removing the calculi, which, if allowed to remain in the kidneys, would increase in size, and form a "*stone*," the severer effects are prevented. It is evidently adapted to that stage when the calculi are in the form of sand or granules and have collected in the kidneys or bladder. It doubtless acts by stimulating the secretory power of the kidneys, and the increased discharge of normal urine washes away the accumulated "*gravel*." Nearly all the Botanic and Eclectic physicians have recommended it in their writings, and many cases have been reported, illustrating its beneficial action in calculous troubles.

In the *N. Y. Medical Record*, of December 10, 1881, a Dr. Edson reported several cases in which the *Hydrangea* was of undoubted benefit in assisting nature to expel calculi

with less than the usual amount of pain. In the same journal of January 7, 1882, Dr. N. F. Brown, of Detroit, reported three cases of renal colic from calculi, wherein this remedy seemed to be of great benefit. His paper closes with the following observation: "Since my first experience with *Hydrangea*, in 1868, I have frequently prescribed it in renal and urinary disorders, and generally with very gratifying results, and I would not hesitate to prescribe it in most affections of these organs—avoiding acute inflammation of the kidneys. In chronic nephritis, in the prostatic troubles of elderly people, and in hysteria with retention of the urine, I have had pleasing results with *Hydrangea*."

We have no provings of *Hydrangea*, but it is evidently worthy of investigation, and must possess some decided pathogenetic power, for King says: "If taken in over-doses it will produce some unpleasant symptoms—as dizziness of the head, oppression of the chest, etc." The *leaves* are said to be "tonic, lialagogue, cathartic and diuretic."

We need not, however, reject or neglect to use this plant, because we have no provings to guide us. Many of our most popular remedies, used with gratifying success in every-day practice, have no provings sufficient to guide us in their selection. We have had to rely on clinical experience for the indications. And as a proof that these indications are trustworthy, it has been found that, when provings were instituted, the symptoms evolved were in close similarity to the symptoms cured, as witness the recent provings of *Viburnum*, *Cimicifuga*, *Equisetum*, *Caulophyllum*, and many others.

The medicines which appear to me to have the nearest resemblance to *Hydrangea* are *Lycopodium*, *Epigæa*, *Equisetum*, *Stigmata maidis*, and *Barosma*.

I have had large experience with all—and I value *Hydrangea* as highly as any of them. In my practice it has rendered me good service in renal calculi, not only by mitigating the pain caused by the passage of the gravel, but by preventing their accumulation in the kidneys and bladder.

My practice is, when consulted by a patient who has had

renal calculi, and has some of the premonitory symptoms of an attack of colic, to prescribe the Hydrangea in ten or fifteen drop doses three or four times a day (unless some proven remedy is specifically indicated). In many cases it has not only hastened the expulsion of gravel (generally of the uric acid variety), but rendered their passage less painful.

Even when called to a case of actual colic, and when the patient requires the administration of Chloroform, Ether, or Amyl nitrite; or hypodermic injection of Morphia with Atropia, to relieve the intense agony, I prescribe the Hydrangea. In such cases it is best given as follows: mix one drachm of the tincture or fluid extract, with half a glass of water and give a teaspoonful every fifteen or thirty minutes, until relief is obtained.

After the attack is over, and the calculi have passed out of the body, continue the remedy in doses of five to ten drops three times a day for weeks or months. I have never observed any pathogenetic effects from it, unless it be a profuse secretion of pale and unirritating urine.

Like Buchu and cornsilk, the Hydrangea seems to possess an actual *sedative* influence on the urinary passages. In the urinary troubles of nervous women, or when excited by reflex uterine disorder, it acts better than *Mitchella repens*, which was once my favorite remedy. It even rivals *Pareira brava*, which will control a majority of the bladder troubles of women.

Children, and even very young infants are more frequently troubled with calculous disorders, than many are aware. The passage of minute calculi, like fine red sand, is often attended by great suffering, and is almost always mistaken for intestinal colic.

In these cases, while I do not ignore the value of *Lycopodium*, I have had better permanent results in preventing the recurrence of attacks, by the use of the low dilutions of Hydrangea. I do not mean that this remedy will prevent the *formation* of calculi. That will have to be accomplished

by the use of such physio-chemical remedies as Citrate of Lithia, Citrate Potassa, or Benzoic acid.

The sphere of action of Hydrangea is not confined to calculous disorders. Its general sedative action on the urinary organs makes it applicable to a large number of diseases; namely: chronic catarrh of the bladder, irritable bladder; irritable urethra; prostatic disorders; and possibly in chronic gonorrhœa and gleet.

I regret that I have not made records of the many cases of urinary disorders which I have relieved or cured by means of this medicine. I also regret that I have not been able to report any pathogenetic symptoms from its use, although I have requested my patients to report to me any unusual symptoms while taking the drug.

At present I can only recommend you to test its value in those cases where the apparently indicated remedy fails, and you desire to relieve your patients, even if you do it empirically.

EXPERIENCE WITH AVENA SATIVA.

My first experience with it: Mr. B., about forty years of age, small stature, stoop shouldered, thin in flesh, light complexion, by occupation railroad clerk; for years had had weak lungs and nerves. Patient has taken a great deal of cherry pectoral for cough and as a stimulant, and of late has added Quinine and whisky to the list until he began to be afraid of consequences.

Came to me, August 6th, very nervous, could not write or think good; weak unless bolstered up by pectoral or whisky, skin cold, appetite poor. Gave Nux vom. 3x.

August 7th, felt some improvement but could not sleep at night until he had taken a good dose of cherry pectoral. Continue Nux and leave off all stimulants, even coffee.

August 8th, was sent for, 10 A. M. Patient was feeling much better except that from 6:30 A. M. he had been having a diarrhœa, seven or eight passages, with conditions indica-

ting, Sulph. (200th) was given. Diarrhœa ceased immediately. "I felt it shutting right up but it left a colicky pain in stomach." No more diarrhœa.

August 9th, patient feels stronger; appetite fair; did not take any pectoral, and did not sleep well, but better. Sat up none during night. Nux 200th during day, and Bell. to be taken at night for sleep.

August 10th, felt better and stronger but did not sleep good. That medicine (Bell. 200) seemed to put me half asleep and hold me there. I was not asleep but it required more effort than usual to awaken. It was a miserable feeling. I had sent for some *Avena sativa*, and here was a chance to make a record, for this patient was suffering from abuse of Opium, Quinine and whisky. Patient called at 5:40 P. M.

Doctor.—"Mr. B., here is a powerful nerve tonic which will leave no ill affects similar to Opium and whisky, etc., (take four drops of tincture now); take five drops when going to bed."

Patient.—"Well now, how about my sleep to-night?"

Doctor.—"I will give you a remedy (*Coffea* 200th) to use in case you do not sleep without, but the expectation is that it will not be needed."

Office. Morning, August 10th. Enter patient.

Doctor.—"Good morning Mr. B."

Patient.—(Mum.)

Doctor.—(Assuming an air of cheerfulness), "Well sir, what report?"

Patient.—"You gave that medicine to the wrong man."

Doctor.—"Why, what's the matter?"

Patient.—"Dr., I had the worst attack of 'jim jams' last night you ever saw."

Doctor.—"Jim jams! What do you mean?"

Patient.—"Yes, sir, jim jams. When I went from here, and before I reached home (five squares), I was as drunk as if I had taken a big dose of Opium—as drunk as I could be. It wore off a little before bed time, when I took five drops more of the liquid then the circus commenced. I did not

sleep any, and I could not lay still a second—felt just as if I had been using Opium a long time, and quit short off. My muscles twitched and jerked; had a hard headache, and altogether a fearful night.”

Doctor.—“Did’nt you take any of that sleeping medicine (Coffea)?”

Patient.—“I took one dose, and instead of making me sleep, I felt wider awake. It made me feel differently right away, but more wakeful. I tell you, sir, you ought to take that medicine yourself to see what effect it has. Just let me doctor you for twenty-four hours and then you will know how it is yourself.”

Doctor.—“Oh well, Mr. B., I took three doses of that medicine myself yesterday and it affected me about as a cup of coffee would, but you are exceedingly sensitive to medicine, and the dose, though the same as I give to others, was too powerful for you. I would probably have to take a teaspoonful to produce effects like yours.”

Patient.—“That may be a correct theory, but I don’t believe you better take a teaspoonful at once—and I thought mine a pretty big dose.”

Patient received Nux vom. 200th.

Was the dose of the Avena too large or too small?

In my opinion it was too large, and if it had been attenuated, would have served a good purpose.

This sketch is not given in any sense of pride, or because I approve of the Allopathic method of experimenting with drugs. Undoubtedly there is a good remedy in Avena, and some one ought to make a thorough proving of it to establish a scientific basis to work upon. G. W. WILLIAMS.

[This remedy is worthy of a proving, so that we may know its peculiar “kinks.”—ED.]

NOTES ON *VERATRUM VIRIDE*.

In the last number of THE INVESTIGATOR I noticed an interesting article from an "anxious student" on the "indications for *Veratrum viride*." Would that we had more anxious students among the no small number of so-called Homœopathists who, regardless of symptomatic indications, are in the habit of prescribing Norwood's tincture to "bring down the pulse." There is a no more valuable remedy in our materia medica than *Veratrum viride*, and none which will more quickly respond to our wishes if we are careful in its selection, nor is it necessary to use Norwood's tincture, or a fluid extract, in order to obtain the desired result; only those need use these preparations who are careless of their symptomatology, and who do not recognize the virtues of potentization. During the early years of my practice, I invariably used either the tincture or the first decimal dilution of *Veratrum vir.* A few years since, I determined to try the 3rd dil. in a number of cases of pneumonia, in which this remedy was well indicated. The result was eminently satisfactory, the cases yielding with remarkable rapidity. I consider the chief indication to be a full, hard, *incompressible* pulse, which naturally results from the very strong action of the heart and the great arterial excitement, denoting a very active congestion. To those who so "long for the flesh pots of Egypt," as to prescribe Norwood's tincture, I would like to offer an illustration of the scientific principles upon which the prescription of this drug is based by the Old School. I was so fortunate (?) as to take my first course of lectures in an Allopathic college. On a certain day which I shall never forget, the Professor of Theory and Practice lectured in the forenoon, on pneumonia, and very eloquently urged the class to rely upon Norwood's tincture of *Veratrum viride* as their "sheet anchor" in all cases of pneumonia, and endeavored in a very feeble way to tell them why they should do so, the principal argument being that it would "bring down the pulse." In the afternoon of the same day, the Professor of Pathology lectured upon the same disease, and

used the following language: "Gentlemen, I will leave pathology long enough, to warn you as to the use of one popular remedy in this disease, I refer to *Veratrum viride*. If you wish to kill your patient, you should invariably prescribe 'Norwood's tincture.' Some difference of opinion, it is true, but then "you pay your money and you take your choice." The Homœopathist who is a student of the *materia medica* is bewildered by no such conflicting statements and theories, and may know full well just where in pneumonia *Veratrum viride* is indicated, and just when it may be used with happy results.

A. C. COWPERTHWAIT.

On Anæsthetics.—Professor Billroth, the celebrated surgeon of Vienna, thus states his conclusions on anæsthetics: "At the end of the year 1878 I had had a quarter of a century's experience in operations—more than six years as an assistant, and the rest of the time in the charge of my own clinique. During this period I had seen Chloroform administered some six thousand times, with two cases of death. Up to the end of 1870 I always employed Chloroform alone as an anæsthetic. Since then I have used a mixture consisting of three parts of Chloroform, one of Sulphuric ether, and one of alcohol. With this anæsthetic I am perfectly well satisfied, and have not seen any asphyxia or syncope result from its use. The mixture seems to me to be merely of service in diluting the Chloroform. My two assistant surgeons and my eight assistants undertake the post of Chloroformist for a month at a time in regular rotation. On this account, again, I think it more prudent to use diluted Chloroform. No doubt the pure Chloroform produces anæsthesia more rapidly than this mixture, but, on the other hand, the latter is less apt to excite vomiting."—*Clinical Surgery*, by Dr. Th. Billroth, London. The anæsthetic mixture approved some years ago by a committee of the Royal Medico-Chirurgical Society, London, consisted of one part of alcohol, two of Chloroform, and three of Ether.

The letters A, C, E, or 1A, 2C, 3E may express this formulæ. But we believe that Billroth's combination is the best when there is any danger from pure Chloroform.

Medico-Legal Department.

THE ALLOPATHS VS HOMŒOPATHY.

The American Medical Association met this year in the metropolis of the new north-west, St Paul.

There was a large gathering—the largest for many years except the New York gathering.

The attraction was (1) the location and (2) the interest taken in the action of the New York society. This interest was manifest by the mass of protests that accumulated on the president's table against the reception of the New York delegation. This great society is composed of delegates, only from the various state societies, which in turn are composed of delegates from local or county societies. So it is truly a representative body, and only the best, most popular and influential members are sent as delegates. The judicial committee, really the committee on credentials, is a most important one, and is composed of their strongest, most conservative men who hold the whole Allopathic (or regular) profession under their control. The influential man is Dr. N. S. Davis, of Chicago, a conservative gentleman of the oldest type—a sort of father of the society and its code of ethics. This code is intended to be obeyed by the least member of the most remote society. To disregard or to modify it in anyway is rebellion.

The New York society, one of the oldest medical bodies in this country with an old code of its own, modified it at its last annual meeting. How great these changes are, Dr. Agnew explains:

The only two clauses of its revised code which have met with adverse criticism are the following: "Members of the Medical Society of the State of New York and of the medical societies in affiliation therewith will meet in consultation legally qualified practitioners of medicine. Emergen-

cies may occur in which all restriction shall, in the judgment of the practitioner, yield to the demands of humanity."

This action of the New Yorkers, it will be seen, is a direct letting down the bars, and a sort of loosening the tone of this august body from its ethical point of view. So the New York delegates were refused admission in that capacity and could not vote on any questions, but as the whole society was run by committees that was really a small inflection; most of them were however admitted as delegates of local organizations. They were not allowed to defend their action, as they expected to do, on the ground that the state had defined the status of qualified physicians and legally should be so recognized.

The old code of the American Medical Association will not allow any member of any society to meet in consultation those who adhere to an exclusive dogma and who reject the teachings of anatomy, chemistry and physiology. We proved years ago that this interpretation could not include Homœopaths, and the law time and again has decided that we are legally qualified physicians. But that makes no difference to these blind men who contend that Homœopathy is an exclusive dogma, therefore they cannot affiliate with us. We believe that the only way to decide this question once and forever, is for one of our leading physicians, say Dr. Hedges, as president of the Illinois Homœopathic Medical Association, to bring suit against, say Dr. N. S. Davis, as chairman of the judiciary committee, for slandering us as dogmatists, and have it decided by our superior court or the supreme court of the United States or both. The expense would be great and should be borne by the whole Homœopathic profession. It would be a most memorable contest, and the outcome would be to compel the proper recognition of Homœopathy, both in ethics and in science. It is time such a step was taken, and we are ready to contribute \$5 or \$10 towards it. The honor of Homœopathy demands it.

PHYSICIAN'S CERTIFICATE OF DEATH.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: Will you kindly call attention to the subject of the enclosed circular letter, with such comments as will be likely to enlist the interest of your readers in securing the adoption of the ordinance therein referred to.

The benefits—not only to state, but to practical medicine—which will accrue from such a measure are so obvious that I feel sure you will cordially aid the State Board in the effort.

Very truly yours,

JOHN H. RAUCH, M. D., Secretary.

ILLINOIS STATE BOARD OF HEALTH.—NO. 102.

OFFICE OF THE SECRETARY, SPRINGFIELD, JULY 15, 1882.

DEAR SIR: At a regular meeting of the STATE BOARD OF HEALTH, held April 13–15, 1882, the following resolution was adopted:

Resolved, That in order to protect the legal interests of survivors, to facilitate the detection of crime, and to secure fuller and more accurate knowledge of the causes of mortality, whereby preventive medicine and general sanitation may be promoted, the Illinois State Board of Health earnestly recommends to the proper authorities of all cities and towns in this state, having populations of one thousand or over, the enactment and enforcement of a suitable ordinance requiring a burial permit from a designated official, and based upon the physician's certificate of death *now required by the statute*, as a condition precedent to interment within, or removal of a decedent without, the corporate limits of any such city or town.

A form of such ordinance is herewith presented, and it is hoped you may be able to secure its enactment.

It should be observed that wherever such an ordinance is adopted the certifying physician is relieved of the necessity of transmitting his certificates direct to the county clerk, but will simply return them to the designated city or town official, who will forward them to the county clerk after using them as the basis for the burial permit. This has been found to work well practically in places where burial

permits are required. It helps to secure a more general compliance with the law, requiring physicians to report all deaths occurring under their supervision with certificates of the causes thereof.

The manifest object of the State law is to secure such knowledge of the causes of mortality as may lead to measures for removing or modifying such causes as are susceptible of removal or modification. This is of primary importance to cities and towns, since a reputation for healthfulness or the reverse undoubtedly influences the growth and prosperity of any given locality. By means of the burial permit and its record the facts contained in the physician's certificate may be made immediately available for this purpose, while they cannot be where returned direct to the county clerk. From the "suitable book" prescribed in section 4 of the ordinance, a weekly or monthly report may be compiled for publication, either in the newspaper press or otherwise, and thus the condition of, and the influence affecting, the public health may be accurately judged at any given time, and comparison made with other localities.

Where burial permits are required—as they are in many places—the existence of a contagious disease—as small pox, scarlet fever, diphtheria—has often first been made known by the information given in the permit, which thus serves to direct preventive measures for arresting further spread of the contagion.

On the other hand, in the absence of a burial permit many evils arise, among which may be mentioned the fact that the bodies of murdered persons may be more easily disposed of. Within a very brief period three such instances have come to the secretary's knowledge where the bodies of victims were buried without exciting suspicion. Accidental clues led to disinterment and discovery of the crimes.

Briefly, the reasons for the enactment of such an ordinance may be thus summarized:

First.—It will be of value in securing fuller, more accurate, and more readily available knowledge of the causes of death—a knowledge which is absolutely necessary to the

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profitable application of efforts for the preservation of health, the limitation of disease and the prolongation of human life.

Second.—It will be of value in the protection of life against criminal violence, by facilitating the detection of such violence through preventing the burial of victims of homicide, abortion, poisoning, etc., with proper investigation.

Third.—It will be of value in protection of property interests, by making the facts pertaining to a death and burial matters of record which may be useful in probating wills, settling estates, determining heirships, perfecting letters, adjusting life insurance and kindred matters.

For the foregoing reasons your interest and influence in behalf of the measure are confidently anticipated.

Very respectfully,

JOHN H. RAUCH, M. D., Secretary.

AN ORDINANCE IN RELATION TO BURIAL PERMITS.

Be it ordained by the — of — the — of — in the County of — in the State of Illinois :

1. That no burial or interment shall be lawful in the — of —, nor shall any dead body be removed from said —, until a permit for such burial, interment or removal shall have been first obtained from the — of said —.

2. That such permit will be issued by the — upon his receipt of the usual certificate of death, signed by (1) the attending physician in the case; or, if none, by (2) one of the parents of the deceased; or, if none, by (3) the nearest of kin not a minor; or, if none, by (4) the resident householder where the death occurred; or, if none, by (5) any reputable citizen cognizant of the facts and circumstances of the death; or, if the death be the subject of an inquest, by (6) the coroner or other officer holding said inquest.

3. That any undertaker or sexton, and each and every other person engaged or concerned in a burial in violation of the provisions of this ordinance, and the officers and em-

ployees of any transportation company, and any other person or persons engaged or concerned in the removal of a dead body from said — in violation of the provisions of this ordinance, shall be subject to a fine not less than — (—) dollars, nor more than — (—) dollars for each offense.

4. That the — shall enter in a suitable book, to be kept for that purpose, a record of all burial permits issued, specifying the date of issue and to whom issued, together with all the items of information contained in the certificates upon which the issue of such permits is based; and he shall forward to the county clerk of — county, at the end of each month all of said certificates so received during the month.

5. That this ordinance shall be in force from and after its passage and approval.

[This is a sensible, wise provision that should meet the approval of our readers, and they should urge its adoption by every city or town in this state.—ED. U. S. MED. INV.]

MEDICAL EDUCATION.

BY G. H. SIMMON, M. D., LINCOLN, NEB.

Living in times when progress is seen on all sides, when education is free as the air we breathe, when to be ignorant is a crime, and when "EXCELSIOR" is the motto of every branch of human action, it does seem that education in the ranks of the medical profession is being sadly neglected in our country. The physician should be the best educated of any class of men. He should be versed in all the sciences, he should have studied nature from every standpoint, be it astronomy, zoology, physiology or any of the other branches of the natural or physical sciences. But above all, in heaven's name, let him have a common school education. One would naturally suppose that no one would have so little respect for himself or society as to start out without this necessary qualification, were it not for the fact that we meet too many such on all sides of us who glory in the honored(?)

distinction of doctor, and what is still more to be regretted, M. D.

Our medical colleges have with very few exceptions done away with the preliminary examination and will admit any and everybody who has the money to buy the tickets. As a result we find the medical profession over-done and under-paid, and, as a class, to have lost the confidence and respect of society. There are ten physicians where there is only room for one, and as a result we have the small bickering and petty jealousies and underhanded tricks to obtain a practice. And year by year this evil is increasing. New colleges are starting in all the large and no few of the smaller towns of the United States, and year by year these ever increasing colleges are throwing upon the country an increasing number of M. D.'s. Heaven save the mark!

And what are the majority of these doctors who fling their shingles to the breeze and ask a suffering public to place their lives in their hands? What have their ALMA MATERS required of them previous to granting them the diploma? Well, first they demand their matriculation fee. Then they require the money for the lecture tickets. After this the fee for dissecting material must be paid. This much done—since there are state boards in some states to look after the matter—they request you to attend the lecture once in a while for two years of three to five months each, generally nearer the former time. Now pay your graduating fee and you are an M. D. There are a few colleges which demand a fair education before entering, and a thorough examination before granting them the diploma. But the number I am sorry to say could be counted on the fingers of your two hands if not on one. There is not one physician in twenty who is qualified for his work. They get a very slight smattering of several branches, but a thorough understanding of none.

. What is the remedy? It is very easy to find fault, but it is not always the easiest matter to find a remedy. Yet it does seem to me that the remedy is very plain in this case. It is generally understood that when a thing is easy to ob-

tain, there are always plenty who are lazy enough to make that little effort that is needed to obtain the thing desired, and furthermore, when it is obtained it is of very little comparative value. And that is just the state the medical profession is in now. Any body with any brains at all, can obtain a degree. In most of our colleges he will not be *required* to have any common school education and he can certainly find time to spend from six to eight months during two years in a medical college.

The remedy lies then in extending the time to at least four years. Every other civilized country demands five years at the very lowest, and certainly we ought to be able to give four years. No ordinary young man can obtain the knowledge in *four* years even, that he ought to have before he enters upon that important work that the physician is called upon to do. But the great trouble is to bring such a state of things about, so that we can enforce such a rule. We cannot leave it to the colleges to do, for any one college would be powerless. If one should raise the standard twice what it is now their students would all desert them. They would naturally go where they could get through easiest and quickest. Even the honest, ambitious-to-be-perfect student would do this, because he would satisfy his conscience by saying that he would put in more time after he got through. Therefore we cannot leave it to the colleges themselves. They might all unite and all agree to make a certain length of time obligatory, but they do not do it and never will until they are compelled to. If all physicians would discourage their students from going to any college that would not compel a four years' course, it might succeed but this is improbable and almost impossible. But if two or three states should compel their State Boards of Health to recognize no college that did not come up to their idea of a standard, we would see the higher standard flying up in every college in the United States. And if the physicians in the different states should unite and work together to accomplish this it would soon bring around the much needed reform.

I would not be understood to claim that a diploma from a college with even a six years' course would be a guarantee that the holder was a thoroughly competent physician. By no means. I do not believe a twenty years' course would make some competent, at the same time it would make 99 per cent. of them better qualified to practice than we now find 1 per cent. when they start out.

Correspondence.

BALTIMORE AND THE INSTITUTE.

BALTIMORE. July, 12th, 1882.

EDITOR MEDICAL INVESTIGATOR. *Dear Sir*:—Concerning the next annual meeting of the American Institute of Homœopathy, I copy the following from p. 66 of your journal for July 1, 1882: “As the executive committee took upon them to change the meeting from Richmond to Indianapolis, doubtless with advantage to the cause, so we suggest that the cordial invitation of Baltimore be accepted, and while Dr. McManus is with us allow him to manage receptions in the good old southern way. That section needs our influence and especially the government just now. These suggestions are respectfully submitted to the managers. An early meeting in Baltimore will secure a large attendance, especially from the west.”

As one of the signers of the invitation to which reference is made, I can heartily endorse these remarks. That our cause needs all the aid possible, to combat the universal enmity of Allopathy, plus southern conservatism, is a fact. Especially at this time would we appreciate a meeting of the Institute, not only because of the desired advancement of our interests with the United States government, but also because of the attempt our Baltimore physician are about making to raise funds to build a state Homœopathic hospital.

A few days before the meeting of the Institute, as large a number of physicians as time permitted, were asked to unite in an invitation to the American Institute of Homœopathy to hold its next annual meeting in Baltimore. Of this number all gladly acquiesced but one, and his objections were upon personal grounds, simply.

The suggestion of THE MEDICAL INVESTIGATOR to allow Dr. McManus the privilege of arranging for the entertain-

ment of the Institute while in Baltimore, is a pleasure which probably some of the younger and more active members of our profession, would enjoy and undertake, less reluctantly than he who opposes the project.

We who have extended an earnest request to the American Institute of Homœopathy to meet in our monumental city, do not feel like allowing selfish motives to retard the progress of our cause, without uttering a protest.

Respectfully,

ELDRIDGE C. PRICE, M. D.

MORPHINE HYPODERMICALLY.

In the July 1st number of *THE INVESTIGATOR*, G. B. S. relates an experience that all practitioners, sooner or later, encounter, and he asks the ever recurring question, "what are you going to do about it," or, rather, what would others have done were they placed in like circumstances. Had it been my patient he would have received an hypodermic injection of Morphine just as quickly as the syringe could be got in working order, and if I happened to be without and too far from the office to get it, he would have got his much desired hypnotic, if need be, by pricking it in with a pen-knife. Why? (1.) The man was in great pain and *knew* what would give him the quickest relief. A man doubled up with a griping colic until he can scratch the top of his head with his toes is in no humor to be argued with, and when he knows what will take the kinks out of him instantly, is pretty likely to get it some way and do the arguing when he has more time to devote to it and inclination to listen to dissertations on the relations of drugs and pathological conditions. (2.) The patient knew nothing of Homœopathy, and this was his first call on a Homœopath. What will be that man's opinion of Homœopathy hereafter? Ten to one he cursed the doctor for being, in his estimation, such a consummate fool, and himself for being such an ass as to send for such a man. Then, when the Allopath

comes along and relieves his patient and sits down for a little chat, the story of the other doctor is told with more or less exaggeration, and appropriately and insinuatingly commented upon by the now duly installed family physician. It does not end here. That man will have more or less influence and it will now be cast in favor of the Allopath.

Suppose the Homœopath had given the hypodermic medication; then next day when he called he would probably find his patient suffering from a stupid feeling with attending constipation from the affects of the opiate. Now is your golden opportunity. Relieve the effects of the Opium in a quicker and more pleasant manner than his previous Allopathic adviser had done, and I will wager a gold-plated hypodermic that you have got that man, his family and his influence, which, in all new converts goes farther than in other cases.

Make it a rule to hold every patient you get, if possible, and you will soon find yourself increasing in popularity: the cause placed in a better light, and your bank account at the end of the year assuming good proportions. Be a stickler for something you scarcely know what and you will soon lose ground and cast an atmosphere of disrepute about the cause that should be placed in the light of pre eminence.

PLYMOUTH, Mich.

C. DE MUTH.

THE IOWA CENTRAL SOCIETY.

The annual meeting of the Central Homœopathic Medical Association of Iowa was held at the office of Drs. Cogswell Bros., Wednesday, July 19. It was enthusiastically attended. Several clinical cases were presented to the association for diagnosis and treatment, notably among which was one of "Atrophy of the Spleen," which created considerable discussion.

The election of officers resulted as follows:

PRESIDENT—E. V. N. Hall, M. D., Annamosa.

VICE PRESIDENT—B. D. Hindman, M. D., of Marion.

SECRETARY—G. E. Cogswell, M. D., of Cedar Rapids.

CENSOR—C. H. Cogswell, M. D., and Mrs. Hicox, M. D., of Cedar Rapids, and Dr. Hurlburt, of Marion.

Mrs. Dr. J. Waggoner, of Cedar Rapids, was duly elected a member.

It was voted to hold a special meeting the third Wednesday in October at the office of Dr. Hurlburt, of Marion.

G. E. COGSWELL, Sec.

Obstetrical Department.

PUERPERAL CONVULSIONS.

BY H. E. BEEBE, M. D., SIDNEY, OHIO.

What are puerperal convulsions? Our dictionaries, both medical and secular, agree in definition: puerperal, pertaining to child birth. Convulsions, spasms, hence puerperal convulsions, puerperal eclampsia, puerperal epilepsy, different names or synonyms denote spasms as related to child birth. There is certainly nothing that assails woman in the parturient state presenting a more alarming aspect. We all remember our first case, the young physician on confronting this complication for the first time is at a loss what to do and what not to do, how nervous he is, with what eagerness he watches the countenance of his patient as well as attendants, how slowly time passes and how encouraged he feels when the paroxysm postpones beyond the preceding intervals, hoping he has the case under his control, only the next moment to see the eyes begin to roll, the facial muscles to twitch and shortly she is in the midst of a terrible convulsion, he then feels himself utterly at sea with no place to cast anchor. Fortunately this is a rare complication, only about one woman in five hundred pregnancies who is affected with this trouble. The general practitioner is seldom competent to speak from an extensive experience. This is left for the specialist or he who has the advantage of the lying in hospital, where we must look for most of our knowledge pertaining to statistics, etiology, pathology, etc. We find it more common with the primipara. About two-thirds of the cases are found with the young women from labor in her case being protracted together with a greater strain upon her nervous system, the organs and parts are not prepared for the trying ordeal as in the multipara. It is also more frequent in male births, they generally being larger and the labor of longer duration. The same is true of vertex presentation, the head pres-

ing upon the pelvic nerves, producing nervous irritation at the same time impeding the circulation, with its consequences. The pathology of this complication is not plain from postmortems, excepting the kidneys, it is seldom we find any lesions, unless it be apoplectic, here we find no difference from apoplexy in the nonimpregnant woman. Sometimes we find serous effusion within the ventricles or between the meninges of the brain or spinal cord, the pleura or pericardium may contain effusions, possibly we may find inflammatory states of the abdominal or pelvic organs, but these are not so common as the kidney lesions, here we find changes corresponding to Bright's disease, and yet not the same.

Robin, in a work on the fluids of the body, has demonstrated that urinary albumen has not the same composition as the albumen of the blood, and that the albumen of Bright's disease differs essentially from that occurring in pregnancy, each having a different chemical reaction. Albuminuria in pregnancy is from mechanical causes and not directly pathological. The disorder is merely functional, and not organic. We find a diversity of opinion when examining leading authorities concerning the etiology of this complaint, hardly any two agreeing. The causes are usually classified into three varieties: mechanical, toxæmic and nervous. The latter is the leading cause, indirectly, if not always directly, producing the spasms. The toxæmic may be considered a sequel of the mechanical, and both are factors in causing nervous irritation. Dr. H. F. Campbell, in the *American Obstetrical Observer*, in a very elaborate paper, reaches the following conclusions: First, at the present time we cannot recognize either cerebral plethora, cerebral anæmia uræmia or other toxic conditions of the blood as furnishing a uniform etiology for puerperal eclampsia. Second, the proximate cause of puerperal eclampsia is nervous irritation. Third, in view of this cause the sole indications of all treatment is to be quiet and subdue irritation. With many writers, undoubtedly, the effect is taken as the cause, admitting that nervous irritation is the sole cause. We find that this in-

fluence on the nervous system may be predisposing or exciting. Of the former we have epilepsy, diseases of the kidney, wasting or debilitating diseases of whatever nature, women who are subjects of hysteria, excitable temperaments, more often found in city than country practice. Sometimes it is hereditary, the mother having had convulsions in child bed, or the family have been the subjects of spasmodic affections. The exciting causes are almost infinite, mental emotions of whatever character has its effect here as well as in the various ailments during the parturient period; may be produced from joy, fright, shock, embarrassment, may come from hæmorrhage, quick labor or the reverse protracted. Sometimes imprudence in eating indigestible food or overloading the stomach, may be from impacted bowel or distended bladder.

During a labor the contact of the physician's hand in making the examination, or the rupture of the membranes, may bring on the spasm. Here we see that the causes may be direct to the great nerve centers, or it may be reflex. Some external influence or irritation applied to the extremities of the excited nerves. Most authorities classify eclampsia into three varieties: Hysterical, apoplectic and epileptic. A few consider that there are but two, omitting the apoplectic considering this form as a sequel to the epileptic or a cerebral lesion, foreign to eclampsia. The hysterical variety is usually found in the earlier months of gestation. The subjects are women of hysterical temperament. She faints after emotion, shock, etc. The differential diagnosis in this form is easy. It is not marked by convulsions of the face, may have rolling the head rapidly from side to side. Eyes are not convulsed, pupils not disturbed no frothing at the mouth nor biting the tongue, the pulse is not increased, the muscles of the extremities are affected more than the face. The attacks are produced by the least provocation.

She sighs, weeps, laughs, same as in hysteria. There is nothing in this to alarm the physician or attendants as in the other forms. *They* may appear at any period of pregnancy

or days and weeks subsequent to labor, yet more common in later months and during labor. It is this that demands our most careful consideration. Often, some time before the attack we are warned by precursory symptoms, that put the intelligent physician on his guard. In the later months, if we find anasarca swellings and on examination find albumen in the urine. (We may find dropsical swelling with no albumen and then there is no danger.) Severe headache, if uncommon at other times, cramping pains in the stomach, vertigo, double vision. Tinnitus aurium, now we are to put forth every effort in our power to prevent something worse, for without this attempt convulsions will surely ensue. The spasm often sets in suddenly, but usually there is some premonition of the attack, such as great restlessness, rigors, flushed face, flashes before the eyes, twitching of the muscles, staring countenance. At the inception, the eyes twitch, turns back in the head, spasmodic action of the muscles of the face, mouth drawn to one side, extremities and trunk convulsed, respiratory organs are all seized and breathing becomes almost suppressed, face is turgid, eyes protrude, hands clenched, jaws snap, often catching and lacerating the tongue, profuse flow of frothy saliva, at times mixed with blood, a hissing sound at every respiration, all must be seen to be realized, cannot be accurately described. The blood becomes so carbonized as to close the paroxysm and she gets better, or succumbs at once. If she recovers, muscles relax and she gets a good breath, soon opens her eyes, looks around and lapses into a stupid stertorous sleep. During the interval, if she has had a number of spasms, the countenance remains puffed from the congestion during the fit. The intervals are quite regular, when the convulsion returns is apt to come with a pain, if subsequent to labor with after pains.

Should the spasm assume an apoplectic form, we rarely see any great convulsions, pale face instead of livid, the more profound the coma, the paler the face, the countenance presents a pallor and death-like appearance, pulse instead of growing rapid is slow and feeble.

Prognosis.—In hysterical variety it is favorable. This

cannot always be said of the other forms. The earlier eclampsia occurs in gestation the less danger. The mortality in parturition and lying in is from twenty-five to forty per cent., the closer the paroxysm the greater the danger. Placentas-prævia, and twin delivery add to its gravity. Our patient is not safe after delivery until the urine is free from albumen, death is usually caused by asphyxia, or if the fit be apoplectic, from brain paralysis.

One-third of the children are lost from asphyxia or shock. The thermometer is a valuable aid in rendering our prognosis. If the temperature rises to a very high grade, remaining there, death will be the result.

If it gradually declines our prognosis is favorable. Our treatment begins with prophylactic measures. Prof. Guernsey has said: "We need have no convulsions if we have the care of the patient during the ante-partem period. We have much confidence in warding off the convulsions by proper Homœopathic remedies." But cannot say this much; have seen puerperal eclampsia when we were satisfied for weeks before that such would be the termination unless prevented by treatment. And after using what we considered good Homœopathic treatment all the time. We are not all Guernseys, *he* might have met with better success. Where we find tendency to congestion, much cephalgia, severe pain in the lumbar region, with weight and heaviness in the pelvic region, *Bell.* will often help us over the difficulty. If face puffed, scanty urine, absence of thirst, bloated extremities, *Apis*, a different thirst with much prostration, *Arsenicum*.

If much albumen in the urine, with other corresponding symptoms, *Mercurius cor.* will often be our remedy. The nervous symptoms call for such remedies as *Cuprum*, *Gelsemium*, *Ignatia* and *Stramonium*. *Actæa rac.* is highly recommended as a prophylactic. We have not had the success with it that others claim to have had. Hysterical convulsions we treat same as hysteria in the non-impregnate state. *That is*, the best we can. It is self-exhausting, but before reaching this era is liable to exhaust the doctor, there being

a greater range of remedies than for any other ailment females are heir to. The other varieties: If we have had nothing to do with the case until brought face to face with our patient, or there have been no precursory symptoms, our first duty is to ascertain the cause, if possible; have the room well ventilated, moderately light, banish all nervous, officious attendants, and above all, keep calm ourselves; let the woman and the assistants gain our confidence, which cannot be done if the physician be nervous and fidgety.

Feel as uneasy as he may; it will not do to manifest this in the patient's room. Keep the lady off her back only for a short time; take down her hair; loosen all clothing; examine for distended bladder, or impacted rectum; keep her feet warm and head cool; do not fan her, but bathe the turgid face with cold water; divert her mind from her condition; urge her to assist the pains all she can, and let all our conversation be encouraging and cheerful. During the fit, all we can do is to prevent her from injuring herself. It is worse than useless for us to think of keeping her quiet. We can keep her on the bed, and protect her tongue by placing a piece of soft wood or rubber between the jaws, at the inception of the paroxysm. After it is over, give the indicated remedy, and in the language of Leadum, "Any interference, however, with a view to expedite delivery, is not admissible so long as the convulsions can be mitigated or relieved by other means." When we fail, we may resort to manipulations and mechanical interference.

Anæsthetics, with proper precaution, may be used with the best results. The restrictions strongly counter-indicating them, are where there is effusion or tendency to the same, or where there is much congestion; here, it is to paralyzing to the circulation. Chloroform, by injection per rectum is becoming very popular with some obstetricians. It seems to be equal in its effect to inhalation, exerting its specific action upon the nervous system, probably better, since the convulsions have such an action on the brain as to prevent its complete effects by inhalation. When administered in this form it is prepared in a solution of thin

starch. Venesection is resorted to by most Old School authorities, and at times by our own school as a *dernier* resort. We, with Dr. Hawkes, say: Derr your resort; undoubtedly it has a momentary beneficial effect, but if there be anything permanent, is questionable, when we know that often eclampsia is brought on from anæmia or loss of blood as well as hyperæmia, when from the latter cause, and bleeding is resorted to, how are we to know when equilibrium is established in the circulation? If blood-letting can be dispensed with in all other troubles, why not here, and let it remain buried as one of the lost arts, never to be resurrected, contrary to the views of Prof. Gross.

Pregnancy being the primary cause of the convulsions, if at full term or when all other justifiable measures have failed to arrest the spasms, we are to hasten delivery. This being accomplished, if there has not been too much strain on the nervous system, the convulsions *gradually* cease, if not suddenly. At times it is our duty to bring on delivery at or after the seventh month, to save the woman, as well as the child. Some would always bring on labor, if eclampsia occur in later months, claiming that the woman runs greater risk, as well as the child, by protracting the case; that if convulsions again return, it will be with renewed violence, and both lives are lost. We know that it is not uncommon for the lady to recover from the attack and go on to full term, then be delivered with as much ease as if nothing had transpired; more than ordinary, during gestation.

If we do bring on labor, after rupturing the membranes, when we would not be justifiable in other cases, will arrest the spasm. If the perinæum or os cervix be rigid, we may be able to relax it by the use of the application of hot water, or a solution of Belladonna or Belladonna ointment. All these means having failed in accomplishing our effort, it is our duty then to apply forceps as soon as possible, using great precaution as to causing violence to the parts. Very little, at such times may cause serious after-trouble. When the head begins to descend, by our careful assistance of the

forceps, it will often dilate the cervix, when we are able to deliver at once, and all danger ceases. Besides blood-letting, anæsthetics, and the regimen already referred to, our brethren of the Old School make use of heroic doses of Opium, Hydrate of Chloral, Bromide of Potassium and other anodynes. Where they do not feel justifiable in using narcotics internally, resort is had to hypodermic injections of Morphine, Strychnia or Atropine, using them for their primary effect.

Homœopathists are too apt to treat this complication empirically; many rely on specifics, have a pet remedy for every case, because they cured, or a case recovered while using this remedy. Such will always be the result, and they parade it before the profession to our detriment. There is a class of remedies standing at the head of the list, here, as in as in all other diseases, yet we are liable to meet with cases where none of them will apply. Every intelligent semiologist can classify these remedies. Among them we find the leading drugs for congestion: Aconite, Belladonna, Gelsemium, Veratrum vir., etc., for the nervous symptoms, remedies belonging to the nervous group. Again we find those most applicable when anasarca symptoms are present; all these remedies have their field of action, and we must not place too much stress upon them; they work as similars always will, making due allowance for regimen and mechanical means. We have here compiled from Hering's Condensed Materia Medica, all the remedies wherein he speaks of puerperal convulsions, together with the accompanying indications in the parturient state. Of the one-hundred and eighty-five remedies, he gives puerperal convulsions in but twenty-three. Some of our leading remedies fail to be found among the list. They are as follows:

Actea rac.—False labor pains; sharp pains across the abdomen; sleeplessness; labor pains, severe, tedious, spasmodic, with fainting fits or cramps; cardiac neuralgia in parturition; convulsions in labor from nervous excitement; shivers during first stage of labor.

Argentum nit.—Disposed to abortion; head feels ex-

panded; puerperal convulsions; spasms preceded by sensation of general expansion, mostly of face and head. Sometimes just after an attack she lies quiet, but before another, she becomes very restless.

Belladonna.—Labor pains deficient; appears as if stunned semi-conscious, and loss of speech; convulsive movements in limbs and muscles of the face; paralysis of the right side of the tongue; foam at the mouth; renewal of the fits at every pain.

Cantharis.—Convulsions with retained placenta, or membranes, usually with painful urination.

Chamomilla.—Labor pains; spasmodic and distressing, tearing pains down the limbs; rigidity of the os; scarcely able to endure the pain; puerperal convulsions after anger, one cheek red, the other pale.

Cocculus.—Labor pains; spasmodic, irregular, terrible pain in the small of the back, with hour glass contractions; spasms following difficult labor and those brought on by changing the position of the patient.

Cicuta virosa.—Eclampsia during child bed.

Cupressus met.—Spasms during parturition, with violent vomiting or with every paroxysm; opisthotonus; spreading out the limbs, and opening the mouth; clonic spasms during pregnancy; cramp in the extremities; cramping after pains; after confinement, rash and convulsions; begin in one part, and gradually spread.

Gelsemium.—Convulsions with unconsciousness; labor pains gone; os widely dilated; drowsy; albuminuria; labor delayed by rigid os, or when pains go from before back, the uterus seems to go up, seems to suspend labor; impending spasms; convulsions during labor; puerperal spasms, preceded by great lassitude; dull feeling in forehead; fullness in region of medulla.

Glonoine.—Congestions during pregnancy; eclampsia; unconscious; face bright red; puffed; pulse full and hard; urine copious and albuminous.

Helloborus.—Cannot fix ideas; stares; slow to answer; muscles do not act properly if the will is not strongly fixed; convulsions.

Hypocyanus.—After miscarriage twitching of single muscles, shrieks, anguish; chest oppressed; unconscious; loud laughing; profuse sweat; hysterical or epileptic convulsions.

Ignatia.—Puerperal convulsions; commence and terminate with groaning and stretching of the limbs, accompanied with vomiting, caused by grief, mortification, bad news or suppressed mental suffering.

Magnesia.—The labor pains are interrupted by hysterical spasms.

Millefolium.—During lying in, convulsive twitchings; lochia suppressed; no milk.

Nix moschata.—Hysterical; fears she will abort; disposed to faint; false labor pains; weak and spasmodic; head jerks forward; drowsy before and after spasms.

Opium.—After fright, especially in later months of pregnancy, during and after labor pains; loss of consciousness; drowsiness; open mouth; coma between the paroxysms.

Pulsatilla.—Must have doors and windows open; convulsions following sluggish or irregular labor pains; unconscious, cold, clammy, pale face, stertorous breathing, full pulse.

Secale cor.—Thin ill-conditioned woman; cramps in the calves of the legs; pains irregular; too weak; fainting fits; labor ceases; convulsions or twitchings begin; opisthotonos, retained placenta.

Stramonium.—Full of strange fancies; talking; singing; imploring; with copious sweating; puerperal mania; many hallucinations; talks foolishly.

Veratrum alb.—Labor pains exhaust her; fainting on least motion; cold sweat on forehead; pallor; collapse; anæmia or the reverse; violent cerebral congestion; bluish bloated face; shrieks, tearing the clothes; puerperal mania.

Veratrum vir.—Convulsions during labor, after blood-letting; furious delirium; arterial excitement; cold, clammy sweat.

Zincum metallicum.—Convulsions, if an eruption, especially of long standing, has disappeared quite recently.

Medical News.

Text-Books for students, at DUNCAN BROS.

The Hahnemann Medical College opens September 26, 1882.

Removed.—W. T. Knap, M. D., has removed from Lansing, Mich., to Rockford, Ill.

Notice.—Students will find it to their advantage to call on DUNCAN BROS. before buying their books, etc.

Physician's Cases.—The medicine case I ordered of you, 100 vials as per catalogue, twenty large size and eighty smaller size, I am very much pleased with. G. R.

The Chicago Homœopathic Medical College opens September 27th. The promise is for a large class. Low fees and extra facilities are attractions that should draw a crowd.

The Rock River Institute of Homœopathy, is a new and live organization that meets in Dixon. G. W. I. Brown is secretary. From a copy of their By-Laws they evidently mean "work."

Married.—At Quincy, Ill., Tuesday, August 15, 1882, Dr. T. J. Merryman and Miss Libbie A. Winget. At home after August 26, in Champaign, Ill. We wish them a long merry life.

G. W. I. Brown, M. D., of Dixon Ill., has been appointed county physician of Lee County, an Allopathic stronghold. This is a victory for Homœopathy which always wins with representative men.

Diet Rules.—Those Diet Rules for Children saves me a great deal of work, for when I hand one of them to a mother that has a sick child, it saves the time and trouble of telling them how to take care of the patient. J. D. GRABILL.

Prof. A. W. Woodward.—We regret to learn that our friend Dr. Woodward has been called to California by the illness of his esteemed wife, who had been visiting her family. We trust he may return speedily, bringing her with him fully restored to health.

"Do you Sell many Homœopathic works?" was asked a dealer at a medical centre. "Well, a few." We laid in a stock, expecting a good sale, but did not. "Why?" Oh! you see that Homœopathic professors recommend Allopathic works, and students buy just what the professors endorse."

The American Public Health Association meets this year in Indianapolis, October 14th-18th. Dr. M. T. Runnel is actively working to get a large delegation of Homœopathic physicians and patrons. We hope our Western readers will make extra exertion to be present. All at least can send in their names for membership. Dr. Runnel will give all the needed information.

A Medical Education is an honor and a fortune to a man with common sense and good health. Who should be allowed to take a medical

course lies with preceptors, who are supposed to select the best students, text-books and colleges. The college that grades the studies, and offers the greatest clinical facilities should make the best additions to the professional ranks. A physician and preceptor, as well as a college, is honored or dishonored by his medical children.

Kirk's Soap and Perfumes are rapidly taking the front rank in popularity. For a quarter of a century Kirk's laundry and kitchen soaps have grown steadily in esteem. Their sales run away up into the millions. Recently at great expense they have begun the manufacture of fine toilet soaps and perfumes. Purity and durability are the special features of their products. We have known the firm, J. S. Kirk & Co. for many years. A. Kirk is the soul of honor. Their glycerine soap and rose perfume are the finest we have used. We commend their fine goods to the attention of the profession.

Give Dr. Holcomb credit.—In the last number of **THE MEDICAL INVESTIGATOR**, I am surprised to see a short but somewhat marred, selection from an address which I delivered in Lincoln, Neb., a few months since. I desire to make one or two corrections. In seventeenth line for "alterations" read "attenuations." On page 129 third line from bottom, for "and in other ways" read "and in no other way." Another thing; had you taken the selection from a correct report, it would have given Dr. W. F. Holcomb of New Orleans, credit for the microscopic analysis of the crystallin lens of a codfish, which was taken from an address which Dr. Holcomb delivered before the American Institute of Homœopathy a few years ago.

A. C. COWPERTHWAIT.

Chicago Homœopathic Academy.—A monthly meeting of the Chicago Academy of Homœopathic Physicians and Surgeons was held at the Grand Pacific Hotel August 4th, Dr. Foster in the chair. A paper from Dr. E. M. Hale, read by the secretary, was on "Hydrangea in Renal Calculus." The doctor held that the use of this drug tended to increase the renal secretion, and thereby facilitate the discharge of small calculi. The paper was discussed briefly, and Dr. Woodward then read a paper on "Carbolic acid," setting forth his views as to the use of this drug, and giving reports of cases in which he had used it successfully.

Dr. T. C. Duncan introduced the following resolution, which was laid over and made the special order for the next regular meeting:

WHEREAS, The problem of serving good, healthy drinking water for the 600,000 people in this city of Chicago can be solved to a great extent by turning a large current of water from the lake down the Illinois Canal by deepening it; and

WHEREAS, It is proposed, at the next general election to allow the people by popular vote to turn over the canal to the General Government to be deepened into a ship canal;

Resolved, That the Chicago Academy of Homœopathic Physicians and Surgeons, recognizing in this a great sanitary necessity, as well as a commercial advantage, would most respectfully urge the great mass of philanthropic people of Illinois (irrespective of party) to vote for this proposition.

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No. 6.

Consultation Department.

WHY DOES BOILED MILK CONSTIPATE?

Why does boiled milk constipate the bowels? As all our authorities say, milk is not affected by boiling. H. E. BEEBE.

ANSWER TO W. L. W.'S CASE.

Would recommend for W. L. W.'s case, the Pulsatilla as given and higher if no marked effect is shown in a short time. Ignatia or Nux vomica may be necessary to complete the cure. W. S. G.

THE DOSE FOR TAPE-WORM.

In August 1 number of THE INVESTIGATOR appears a formulæ ostensibly by B. F. Dake for tape worm. It is the formulæ promulgated by Dr. A. J. Schaffhirst, of Washington, D. C., and was published in the *Druggist's Circular and Chemical Gazette*, April, 1874, page 79. The only difference being that the original gives pumpkin seed (not shucked) one ounce. I have frequently used the "mess," and it brings his snakeship promptly. G. M. P.

[Dr. B. F. Dake did not claim it as his own but that he had used it with good success.—Ed.]

WHAT IS IT? WHAT WILL CURE?

Noticing a case under the above heading, in your valuable journal, and it coming from a seeker of light, I took some interest in it. Have

looked it carefully up, and believe Calcarea phos. 30 or 200 will relieve.

Here are a few indications :

"Involuntary sighing at times. (He was frequently obliged to take a deep-sighing breath.) Desire to take a deep breath—to sigh; with it a pain in chest; shooting in liver."—(T. F. ALLEN.)

"Can not get awake in the early morning."—(J. C. MORGAN.)

Other symptoms of mind, disposition, aggravation, etc., may be clearly seen to correspond with the above case, by comparing it with "Allen's Encyclopædia."

The trouble is probably pleurodynia, with a disturbance in the parenchyma of the lung.

E. B. GROSVENOR.

WHAT IS ATONIC DYSPEPSIA ?

I have looked in vain in Duncan's Diseases of Children and in other works on pædology for a description of atonic dyspepsia? Prof. Lanning, in the *Clinique*, mentions a case cured by Lycopodium. What sort of a disease is it, will any one tell me ? J. R. L.

Dyspepsia may accompany many diseases. Literally, it means "dys," difficult; "pepto," concoct. Applied to the stomach, it would mean I concoct gastric juice (or digest) with difficulty. The adjective atonic would doubtless mean that the difficulty arises from lack of tone. That you see is but an effect. *Why* does it lack tone? If the case was a mechanical one at all it must have been due to retention of urea in the system from derangement of the kidneys, especially as Lycopodium cured it. That being the case, it was not a case of dyspepsia (stomach disease) at all.

ADHERE TO PRINCIPLES.

I think G. B. Sarchet's course (July number) was the right one; and although he may have lost his patient and his fee thereby, he will gain in the long run. To have yielded to the patient's whim, would have been *virtually* to say to him: "I will treat you Homœopathically or Allopathically as you wish." We have all heard of physicians who make such statements to gain practice, and it is needless to say what we think of them. The point is, simply, that the patient attempted to instruct the physician in his business, and having decided what was proper to do in his case, it was better for the physician to have nothing to do with it, unless the patient would consent to follow directions. This is not touching the advisability of administering Morphine hypodermically or otherwise, in cases of bilious colic. Each physician must decide the latter for himself. My experience, so far as it goes, is against it.

JOS. LEWIS.

WHAT IS IT? WHAT WILL CURE?

These questions are asked in THE INVESTIGATOR, of August 15th, by Dr. W. L. Whitted, who gives a detailed account of a case occurring in his practice. I am not going to tell him what the disease is in that case, but would simply suggest that a large proportion of the troubles of his patient are due to a morbid condition of the nervous

system; must have its origin either in a state of neurasthenia, or be dependent upon some functional derangement of some organ of the body. Possibly the difficulty is in the sexual system. A childless woman after twelve years of married life suggests the possibility of fraud in the sexual relations. The frequent determination on the part of married women to prevent pregnancy is one of the curses of modern society, and is responsible for a great deal of the nervousness and uterine troubles encountered in American women. In the case reported, if there is a state of bad sexual hygiene present, it should be corrected. Remedies that may be useful are *Ignatia*, *Traphites*, or *Sulphur*. G. M. O.

MORE BROMINE FOR DYSMENORRHOEA.

As Dr. Hullinger is so badly puzzled and asks for help, allow me to suggest for his patient Bromine. Following his case we see, "Temperament lymphatic and nervous, predisposed to hysteria." Bromine has lymphatic temperament; expects to see something jump from the floor. "Hair light color; large, blue eyes." Bromine has light hair; large, blue eyes. "Nervous prostration." Bromine has great languor and debility, awakes unrefreshed, seems impossible to rise. "Membranous dysmenorrhœa." Bromine has passive flow with much exhaustion; membranous shreds pass off (see *Chamomilla*). "Thyroid gland enlarged." Bromine has enlargement of thyroid gland. "Cervix" (uteri) "hard, enlarged, looking fiery, glassy." Bromine has swelling and induration of glands, vagina painful; loud emissions of flatus from the vagina; suppression of menses with scirrhus of mammae; hard swelling in the ovarian region, etc. "Melancholic mood before menses." Bromine has low-spirited and out of humor. "Urinary difficulty." Bromine has much urinary difficulty. "Leucorrhœa occasionally." Bromine has constantly increasing leucorrhœa. Not that Bromine is the only remedy for this case, nor the best one, if all the symptoms were given; but it appears to cover more symptoms than any one remedy he has given, although they have been so beneficial. Tell the doctor that if he gives it, not to give it below the 30th (and have no fears of the result if he gives the 200th) and not repeat too often. But don't tell anyone else this last, for if you do "C." (or some other "C.") might take the "bull by the horns," and A. C. J. (or some other J.) might twist his tail (the bull's) and tell him to "go it." A. M. CUSHING.

BOSTON, Mass.

WHEN SHALL WE WEAN BABIES.

T. C. DUNCAN, M. D.: As a general rule, at what age would you advise babies to be weaned? I find in my practice so many mothers who will persist in nursing the baby all the way from twelve to eighteen months—very often to great detriment of child; and when advised to wean it will quote some old doctor or old women to the contrary. I have had a controversy with Old School doctors in regard to this matter, and what I want is opinions from different physicians in regard

to it. I have not found any definite general rule of time in your works.

M. H. CHAMBERLIN.

[The general rule for healthy, well nourished babies is to wean them at about the ninth month. Before that they should be fed some once or twice a day. Mother's milk should put a child into the condition to digest stronger food. Children that are nursed beyond a year, and depend upon the breast usually suffer from inanition. I have found that children, fed twice a day after they are six months old, as laid down in Feeding and Management of Infants and Children, soon solve this weaning problem themselves. The secret of weaning quietly and easily is to get them to depend on other food. What is the experience and observation of our readers?—T. C. D.]

CASE FOR COUNSEL.

I wish to ask advice concerning a very difficult case. The patient is a lady of the most reputable, moral and refined character, aged twenty-nine, single, dark-brown hair, a partial brunette, weight one-hundred and forty-eight pounds. Menstruated when thirteen years old. Troubled with dysmenorrhœa almost from the first, with a pain in liver, constipation of bowels and constant headache. When eighteen years old, she took a low, nervous fever; had grief and trouble. A constant hot, throbbing, burning pain in head, and a weakness in back of neck, so she could not raise her head for months, would follow; by spells, palpitation of the heart. Thence a great many boils on head and face, discharging a green matter, did follow. She was then under Old School treatment. After five years, with not much relief from monthly suffering, a pain and hurting set in, in the back of neck, head and shoulders, which gradually grew worse.

Present Condition.—A constant headache and pain in neck, head and shoulders all the time; at times, a roaring noise and fullness in ears; dizzy; sleep tolerable well; dream so much, and restless. Stomach acid by spells; appetite good; troubled with blind piles at times; urine rather scant, sometimes high colored; almost constant pain in both kidneys and bladder at the time of menstruation; monthly pain quite severe, sometimes of a colicky nature, but generally steady and labor-like. Pain does not set in with the appearance of the flow; there will be no pain, perhaps for two hours, but as soon as the flow really comes, which is free and in large quantities, a heat and inflammation like pain, low down in abdomen, around over hips and in small of back, sets in. This severe pain always lasts from twelve to twenty-four hours, followed by a weakness and sore feeling all over the abdomen.

She has been treated by various Allopathic doctors without relief. A year ago, she came under my treatment. She has improved in some of her trouble, but the main suffering is still the same, and I would be very much obliged to get medical advice, treatment, remedy and potency.

L. HAMERSMIDT.

Book Department.

TRANSACTIONS OF THE WORLD'S HOMŒOPATHIC CONVENTION HELD IN LONDON, 1881. 8vo.

This portly volume has been on our table some time, and is worthy of thoughtful study. There are many articles in it of more than usual worth, and facts of the utmost interest to the general Homœopathic reader.

ELECTRIC MEDICATION. By A. W. Tipton M. D.

This is a new and revised edition of Clarks new system of electric medication to which is added prescriptions, Allopathic, Homœopathic and mixed. Most of the works on electricity give only the application of this agent, but the addition of prescriptions shows its relative value. The range given in this work for electricity is very large—larger we believe than the facts warrant.

THE INCIDENTAL EFFECTS OF DRUGS. By L. Lewin, M. D., Berlin. Translated by W. T. Alexander, M. D. New York: Wm. Wood & Co. Chicago: W. T. Keener. 237 pages. \$2.00.

To understand the sphere of this book, we must remember that our Regular friends mark out a definite local action for drugs. If any remote organ is affected, these effects are noted as incidental merely, and of little account. It is these that this author has gathered in his foundling asylum. It is quite important that our Allopath with his shovel of a dose whacked down upon a local pathological fire may know that he can spread it farther. It was those fragments of so-called accidental effects that formed the groundwork of nearly all the pathogeneses of our remedies. It is, therefore, decidedly cool, to say the least, for a writer to say that "the literature of the subject of which it treats, as far, at least, as he is familiar with it, is *comparatively meagre*."

The fact is that such provings of the remedies make up the bulk of our materia medica, and to have our whole work set aside in that manner is an insult to our indefatigable workers in materia medica, and a slight to the whole Homœopathic profession. If our profession would resent a few such snubs, authors and publishers who derive a large revenue from Homœopathic physicians,* would soon discover it to their interests to give us our honest due, i. e., recognition for work done.

There is in this work little of interest, except to those who fire bombshells into the system.

* A publisher of a leading Allopathic journal said that about *one-third* of his subscribers were Homœopaths!

Society Proceedings.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

The eighteenth annual session of the Homœopathic Medical Society of Pennsylvania, was held in the parlor of the Logan House, Altoona, commencing September 5th, the president, John C. Morgan, M. D., of Philadelphia, in the chair.

The following physicians were present at the opening :

J. F. Cooper, L. H. Willard, S. F. Shannon, R. E. Caruthers, of Alleghany; J. A. Bullard, of Wilkesbarre; J. C. Morgan, P. Dudley, B. W. James, B. F. Betts, Maria N. Johnson, of Philadelphia; J. R. Humes, of Hollidaysburg; Theo. M. Johnson, of Pittston; W. J. Martin, J. C. Burgher, of Pittsburg; C. Van Artsdalen, of Cheten Hills; M. M. Walker, of Germantown; S. W. S. Dinsmore, of Sharpsburg; E. C. Parsons, of Meadville; H. Pitcairn, of Harrisburg; E. O. Anderson, of Braddock; W. D. Hall, J. W. Allen, D. M. Graham, M. J. Buck, of Altoona; H. E. Evans, of Tyrone.

AFTERNOON SESSION.

The meeting was called to order at 2.30 o'clock P. M., and the society listened to the president's annual address upon the progress of Homœopathy during the past year. It was very able and interesting. (We regret our space will not allow of its publication.)

A vote of thanks was tendered the president, and the address was referred to a special committee consisting of Drs. B. W. James, J. C. Burgher and Hugh Pitcairn.

Dr. M. N. Johnson being the only member of the board of censors present, Drs. Burgher and Dinsmore were appointed censors.

The corresponding secretary reported, making allusion to the accumulation of volumes of the transactions, and Drs. Caruthers, Willard and Walker were made a committee to consider the subject and report thereon.

The report of the publication committee was presented by the corresponding secretary, Dr. Caruthers. The report on subscriptions was offered by Dr. Cooper and the committee was continued.

Dr. L. H. Willard, chairman of the committee on legislation, made a report urging a more energetic effort to secure legislative recognition and favorable governmental action for our public and state institutions. The report also favors a state or national examining board as a preliminary to the granting of medical diplomas, and the establishment of a state board of health. It considers the present registration law ineffective and useless.

On motion the present committee on legislation was continued —

Dr. Pitcairn, of Harrisburg, to be chairman—with instructions to take the subject matter of the report into further consideration.

The report of the historical committee was presented, including a synoptical paper by Dr. R. J. McClatchey, of Philadelphia, on the history of Homœopathy in Philadelphia, from 1828 to 1840. The report was received and referred to the committee on publication.

The report of the bureau of organization, registration and statistics was presented by the chairman, Dr. R. E. Caruthers. It included information referring to every Homœopathic society and other institutions of the state. In connection with the report, various communications were received from local organizations. The Philadelphia society urged action to secure a state Homœopathic hospital for the insane. The Crawford county society invited the society to hold its next annual session in Meadville. Other interesting matters were presented in connection with the report.

The board of censors recommended the election to membership in the society, of Drs. W. B. Trites, H. F. Ivins, E. W. Dean, Edward Cranch, W. M. Dufour and J. E. Russel. Also Dr. H. Bernard, of Mins, Belgium, for corresponding member. They were elected.

Dr. J. C. Burgher, chairman of the delegation to the American Institute of Homœopathy, reported in brief, and announced that the next meeting would be held at Niagara Falls in June, 1883.

DISEASES OF THE EYE.

This concluded the general opening of the business of the session, and the reports of the bureaus being now in order, the bureau of ophthalmology and otology reported through Dr. B. W. James, acting chairman in the absence of Dr. J. E. Jones, the following papers, viz.: "Testing, Refraction and Selecting Spectacles," by W. H. Bigler, M. D., of Philadelphia; "Rapid Loss of Sight in One Eye," by Joseph E. Jones, M. D., of West Chester; "The Cystotome in the Removal of Foreign Bodies from the Cornea," by W. H. Bigler, M. D.; "The Mechanical Treatment of Glaucoma," by Horace F. Ivins, M. D., of Philadelphia.

Dr. James had seen cases of sudden loss of vision as described in Dr. Jones' paper, due to hæmorrhage in the retina. He mentioned a case of the kind in which gradual restoration followed. Mere temporary loss of vision from overaction is quite a different matter, it is simply an anæsthesia. Rest must be of course insisted on in all such cases. Dr. James then described a modification of Dr. Walker's cyclotomy, which had given him quite satisfactory results in a number of cases. He illustrated the operation by a diagram. He always keeps the patient in bed one week after the operation. He considered it much the superior of iridectomy, and believes it will eventually supersede the latter operation.

Dr. L. H. Willard asked if we have any remedies which will cure or relieve glaucoma? Dr. James had seen incipient cases relieved by Eserine. The Old School uses it by instillation, and in his opinion

rapidly loses its effects when so administered. Belladonna he generally finds to make the case worse. He had also used Aconite and other remedies but without much beneficial effect. Pulsatilla had been used by him, but only when the general symptoms of the patient called for it. He did not use it on the glaucoma indications alone.

Dr. J. C. Morgan cited a case under his observation in which Pulsatilla had produced marked benefit, the general symptoms calling strongly for that remedy.

Dr. M. J. Buck, of Altoona, did not think it necessary to use the fixation forceps in the removal of foreign bodies from the cornea. He simply uses the pressure of the fingers to separate the lids, the pressure required being also sufficient to fix the globe.

REPORT ON OBSTETRICS.

The bureau of obstetrics, Dr. M. M. Walker, chairman, presented its report, which embraced the following papers: "The post-partum use of Medicated Injections," by R. J. McClatchey, M. D., of Philadelphia; "Chloroform in Labor, under what Circumstances and How to be Used," by J. H. Marsden, M. D., of York Sulphur Spring; "Phlegmasia Alba Dolens," by C. Van Artsdalen, M. D., of Montgomery county; "Promotion of Labor by Homœopathic Remedies," by H. N. Guernsey, M. D., of Philadelphia; "Birth Times in Each Twenty-four Hours," by M. M. Walker, M. D., of Germantown, Pa.; "Treatment of the Mammæ and Nipples and the Prevention of Mammary Abscess," by C. T. Canfield, M. D., of Indianapolis, Ind.

Pending the presentation of this report the society took a recess until 8 P. M.

EVENING SESSION.

The society reconvened at 8:15 o'clock and the auditing committee made their report, which was adopted. The remaining papers of the report of obstetrics were then read and accepted.

Dr. Walker asked permission to publish his own papers in the *New York Journal of Obstetrics*. Some discussion ensued respecting the propriety of publishing the society's papers previous to their appearance in the society's volume of transactions, the general views being unfavorable to such previous publication.

DISCUSSION ON ANÆSTHETICS.

The report on obstetrics being open for discussion, Dr. Willard always uses Chloroform in cases of labor in which he considered it needful. Three cases were pushed to entire insensibility. No untoward results of any kind had showed themselves. He administered it in full strength. He might possibly be induced to administer the drug in eclampsia, even when dependent upon albuminuria, but he had no experience of such a character and would exercise extreme care.

Dr. B. W. James invited attention to the fact that Chloroform pro-

duces its fatal effects sometimes long before its use has been pushed to the verge of insensibility. Collapse in such cases may begin either in the heart or in the lungs.

Dr. B. Frank Betts, of Philadelphia, held that there are certain classes of cases in which Chloroform may be used with great advantage. He particularly referred to its effects in preventing shock, and cited cases in illustration.

Dr. J. C. Burgher, of Pittsburgh, referred to the different admixtures of Chloroform with Ether, alcohol, etc. He thinks there is too much uncertainty regarding the chemical results of such admixtures, to make them reliable. He never pushes the effects of the drug to complete anæsthesia.

Dr. Hugh Pitcairn, of Harrisburg, related an instance in which he had used a mixture of Chloroform, three parts, Ether, two parts, alcohol, one part. He had no bad effects and since that time he had administered the same preparation in probably one-third of his cases, with uniform success. He always administers it when asked to do so, and in nervous cases generally. He gives it during the pains only, and has kept up the effects for at least six or seven hours.

Dr. D. M. Graham had not been in the habit of using Chloroform, preferring a resort to Chloral or Potassium bromide, or equal parts of the two drugs, given in small doses and repeated at short intervals until twenty to forty grains are given. He thinks it has a relaxing effect upon the circular fibres generally.

Dr. Maria N. Johnson during the last five years of her practice had resorted entirely to the use of Homœopathic remedies, with results satisfactory to herself. Her first experience with Chloroform had involved her patient in danger. Her second case had received a mixture of Chloroform, Ether and Alcohol and with unsatisfactory results. She now uses her Homœopathic remedies again and does not purpose to return again to the use of anæsthetics. Her chief remedies are: Belladonna, Gelsemium, Cimicifuga and Chamomilla.

Dr. Pemberton Dudley, of Philadelphia, said he wished to recall attention to the dangers of anæsthetic in the presence of renal diseases, and to the fact that it is as easy to miss the detection of Bright's disease as of cardiac degeneration, as all experience proves. Under such a state of affairs he thought it wise and proper to use other measures than anæsthetics, other things being equal. He had seen results from what we call Homœopathic remedies, which could be characterized as simply "magical"—results which he himself could not credit had he not been an eye witness to their occurrence. Cimicifuga, Caulophyllum, Gelsemium, Belladonna, etc., were cited with indications and results.

Dr. W. D. Hall, of Altoona, has never yet used Chloroform in an obstetrical case. He could fully corroborate the statements of Dr. Graham respecting the excellent effects of Chloral; two or three small doses giving comparative relief from pain, but not interfering in any particular with the successful progress of the case.

Dr. Buck was afraid to use Chloroform indiscriminately, knowing the dangers attending its employment. He thought the fatality of Chloroform was greatly under-estimated in America, because our American surgeons are unwilling to confess their failures and their casualties.

Dr. Hall, responding to a question from the chair, said he used the Chloral unmixed with Bromide of Potassium.

Dr. Dinsmore uses Ether alone, as he was situated where he could readily summon counsel. He does not think the danger from Ether is very great, though he was willing to admit that there is some danger.

Dr. Johnson, of West Pittston, asked if any complications arose from the use of any anæsthetic, to which the reply by Dr. Pitcairn was favorable to its employment.

Dr. Burgher desired, ere the discussion closed, to decry the use of medicated injections to prevent septic consequences in the parturient state.

Dr. Walker cited authorities showing that notwithstanding the vast number of cases in which anæsthesia had been used there had been very, very few cases in which untowered results had been experienced. He also gave the results of his own experience of a similar character. He also referred to Dr. Bonwill's method of rapid breathing as a pain obtunder. Dr. Walker also spoke unfavorably of the medicated injections in child-bed, basing his observation upon personal experience.

Dr. Maria N. Johnson had employed the "rapid breathing" in her own person, as prescribed by a dentist in Chicago, prior to Dr. Bonwill, and with very agreeable results. Since then she had practiced it in obstetric cases with similar results. Her use of medicated injections had been limited to one case, in which the results had proved unfavorable.

Dr. Van Artsdalen quoted Dr. Ellwood Wilson as saying that he uses anæsthetics, not to relieve pain, but to hasten the process of nature.

Dr. Betts said he had only used Chloroform in special cases, as for instance in convulsions or other cases in which promptia is indicated. He administered it very gradually at first, and always begins its use at the onset of pain. As to medicated injections, he has enjoyed experiences with them which he considered valuable.

Dr. J. F. Cooper, of Alleghany, also favored the use of Chloroform in special cases, giving it during the contractions only. He found the pain to be reduced, the excitement quieted, and the process going on to satisfactory conclusions in all cases.

President Morgan asked what methods of restoration had been employed in Chloroform narcosis, and cited Nelaton's inversion method, and recommended the application of vinegar to the tongue as a means of exciting respiration. The forcible withdrawal of the tongue must, of course, be resorted to if necessary.

The society then adjourned until 9:30 o'clock.

SECOND DAY—MORNING SESSION.

Society called to order at 10:10 o'clock, A. M., President Morgan in the chair.

SANITARY NOTES.

The bureau of sanitary science presented its report, including papers on "The Relations of Modern Civilization to Infantile Mortality," by Pemberton Dudley, M. D., of Philadelphia.

"Hygiene of lying-in chamber," by J. F. Cooper, M. D., of Alleghany City.

Dr. J. F. Cooper, in discussing his paper in the hygiene of the lying-in chamber, recommended the free but careful use of warm or cool water to prevent fissures or ulceration of the nipples. When changes of position cause pain or discomfort, it is a hint to keep the patient quiet. He rather favored ligation of the funis, though, of course, it is not always absolutely necessary.

Dr. B. W. James thought it was not safe to leave the house without first ligating the funis, as a precaution against possible secondary hæmorrhage. He desired to call attention to the imperfection of the records on which Dr. Dudley's statistical paper is based. He agreed with Dr. Dudley that our modern civilization as such is not responsible for the increase of infantile mortality, but rather deliberate violations of the teachings of modern science. He cited the health of certain of the barbarous nations to enforce his point. He spoke in severe terms of the neglect of plain sanitary laws at our popular health resorts. He did not think drunkenness the cause of our high infantile death-rate. The miserable tenement house system ought to be abolished by law.

Dr. Willard in answer to a question of the chair said that syphilis runs a course among sailors in the nose precisely similar to that among landmen, and whatever differences might exist were due to the fact that the infected sailor could not get away from the careful treatment of his physician. This experience agreed with that of the president, however, in that tertiary symptoms are extremely rare. As to our health resorts, he did not see how it was possible to maintain the continuous health of resorts located on low reefs. The high bluffs of the New England coast are far better than the low shores of New Jersey.

Dr. B. F. Betts said we may be deceived as to the direction of the underground current, which at Atlantic City is landward instead of seaward.

Dr. Dudley called attention to the fact that the accumulation of refuse matter at seaside resorts is limited in its duration, all being destroyed completely by decomposition in a few months, or at longest, a few years.

Dr. D. M. Graham thought that heredity had much to do with infant mortality, particularly caused by the low grade of health in the moth-

er. He referred also to Dr. Cooper's paper and joined him in urging the judicious use of the bandage as a hygienic measure. He had used a hot water application to the cardiac region to restore patients from syncope.

Dr. Dudley describes a bandage for the lying-in patient, adapted nicely to the form, and exerting, he thought, a more beneficial influence than the miserable straight piece of toweling or muslin in common use.

Dr. James still believes that the control of building operations by statute would do much to prevent the overcrowding of our communities. He then described the sanitary management of Atlantic City, Asbury Park and other places, and compared their merits. He replied to the chair relative to the utilization of seaside sewage, and described the methods employed in certain European cities. On the subject of lying-in management Dr. James believed in a good nourishing diet.

Dr. M. N. Johnson described a bandage used in her practice which simply supports only the lowest portions of the abdomen and avoids pressure across the abdominal region. She always uses it in indicated cases. As to hæmorrhages, she urges the Homœopathic remedy as the most valuable resource. She uses hot water on the abdomen and on the hands to restore syncope; administers egg nogg even in large quantities in the excessive prostration succeeding some labors. She then mentioned several Homœopathic remedies available in threatened and actual hæmorrhage.

Dr. Cooper said that when the milk secretion is small, repeated and energetic suction by the child will sometimes induce chafing and cracking of the nipples, or mastitis, and should be carefully guarded.

Dr. W. D. Hall urges a dependence on the selected remedy in the treatment or prevention of hæmorrhage, being confirmed in his opinion by the unvarying result of his entire experience.

The committee on the president's address reported through Dr. Burgher, making certain recommendations, which were adopted by the society.

Dr. Francis W. Boyer, of Pottsville, was recommended by the board of censors and was elected to membership.

Adjourned until 2 P. M.

How to Advance Homœopathy.—Said an old Homœopathic physician who tries to be consistent, "Why does not Homœopathy make more progress in America? We have reported to have 5,000 physicians for the last ten years. If you want to know why, look at the announcements of our supposed Homœopathic colleges; see the text-books recommended to students on the practical branches. What a number of Allopathic works receive the highest endorsement our school can give them! Again, visit the physicians' offices and see the large number of Allopathic journals that are supported by us. To say that we have not the works and journals as good (or better for us) is the poorest possible excuse. If we have them not, it is easy enough to make them. Stick to your colors, I say."

Children's Department.

CEREBRAL IRRITATION IN CHILDREN.

TRANSLATED FROM THE FRENCH BY ELIZABETH CHAPIN,
M. D., CHICAGO.

The "progres Medical" of June 17th contains an interesting paper by M. J. Simon, of the "Hospital des Enfants Malades," on cerebral irritation in children. He defines the term as "a nervous condition characterized by a perpetual excitability of intelligence, sensibility and motility, without poise, or fixedness, but not accompanied by any lesion or febrile movement capable of explaining it." It is a state meriting a distinct place among childrens troubles, a sort of intermediate situation, which may disappear, leaving no trace; or as more often happens develops into epilepsy, hysteria, sclerosis and meningitis. It does not last beyond the age of six or seven, either running itself out by that time, or becoming pronounced in distinct diseases. The symptom which first strike the observer is the ceaseless motion of the little one. He comes and goes, throws himself from side to side, sometimes seems seized with an irresistible impulse, then as suddenly stops short, to take an entirely opposite direction, or to climb upon elevated objects. He rushes upon people whom he does not know, and pays no attention to the remonstrances he receives. His muscles execute a series of indescribable movements which are neither convulsive spasms, nor the zizzay motions of chorea, but which make it necessary to watch him continually as his acts are the most inconsiderate and sometimes violent. There are of course many degrees in this pathological state, with many children the excitement being tolerable, with others almost incompatible with society.

The face shows incoherency of ideas, and though the expression varies it is never gay nor smiling. The eye is restless, and seems searching for some remote object. He

notices lights and shades as if seen for the first time, and it is evident that he forgets sensations as soon as received, not being able to fix them, he does not retain them in memory. That this is not due to any insensibility of the retina or diminution of visual functions is proved by the fact that brilliant or movable objects attract him, and are either pleasing or disagreeable, as the case may be. The trouble is cerebral. The same holds true of sounds, and general sensibility is much above the normal acuteness. This condition so predisposes to convulsions that they appear under the greatest diversity of causes, physical or normal. Joy, fear, surprise, even impatience or an unsatisfied whim may develop them. The attacks may be very slight, lasting only two or three seconds, and when the temperature is very high or very low, may occur from ten to fifteen times a day, or they may be more violent and prolonged and happen but once or twice in the twenty-four hours. The moral sense is as unbalanced, extreme tenderness being followed by the most excessive pranks of naughtiness. Their intellectual faculties are very accessible in many directions but inharmonious. One shows wonderful aptitude for ciphers, another for music, without the capacity of retaining the most simple elements of the association between letters and words. Again language, a multiplicity of words repeated to satiety, without further development of thought or application, is the form which this super-excitement takes. Sleep is apt to be very light and broken by dreams and night-mares. They toss from one side to the other, maintaining but a short time the same position.

Prof. Simon emphasizes particularly the fact that this nervous perversion is not accompanied with the least symptom indicating lesions, neither paralysis, hyperæsthesia nor anæsthesia. But that the irritability is developed under the influence of an abnormal, irregular unequal activity of circulation, and of an organic sensibility the most exquisite, which compromise the harmony of the constituent elements of the brain. The general health is quite good, the appetite perhaps rather capricious, and digestion sometimes disturbed

but absolutely no fever. This is a diagnostic point of the utmost importance.

Babies at the breast are then spoken of, but manifestations of the same condition with them are so limited as to need but brief delineation. The senses, physical and moral sensibility, muscular and reflex action, all possess the same irritability which passes physiological bounds.

That it is easy to separate this condition of cerebral irritation, from a simple nervous temperament seems to admit of doubt in the author's mind. In the latter case he says there is always a discernible cause for the passing excitement, and it is transitory. In the former the facts are permanent. As to the causes, heredity is the most prominent, either the father or mother's ancestry giving a list of neuralgias, hysteria, insanity or dementia; inveterate alcoholism, and syphilis also enter largely into the etiology. After these come causes pertaining to the child's surroundings. Too early leaving the nursery and becoming an object of distraction and vanity. Injudicious alimentation also, drinking of tea and coffee, all of which tend to dyspepsia, convulsions and super-excitation. The cure depends largely upon the removal of the child from these detrimental environments, the avoidance of extremes of temperature, the utmost vigilance over the condition of stomach and bowels, constipation being always prevented, as peculiarity liable to cause cerebral congestion.

For medication, Prof. Simon gives unqualified praise to the Bromides. He gives to a six months old baby 10 to 20 centigrammes of Pot. Bromide for several days. For one a year old, .030 centigrammes. At the age of two, a gramme, at the onset, in two doses. He says in most cases he tries the susceptibility of the infant with the 10 to 15 centigrammes, then increases until there is a diminution of the constant excitement which characterizes the disease. To children over two years the dose may be from 1 to 3 grammes, and then when the impression has been made, the amount is diminished for a few days. Should a case prove completely obstinate under this treatment, the bromides of Potassium, Sodium and Ammonium should be combined.

NOTES BY THE EDITOR.

It would perhaps be presumption for a physician of Chicago, and a Homœopath, to criticise such a man as M. Simon, of Paris, but we can only give the result of our individual observations and experience, which rank equally everywhere, providing the powers of observation and the range of experience are equal.

There are few physicians who have not met cases similar to those noted above. Under the battle cry of "worms," raised by the old ladies, we have looked downward rather than upward for the *cause* of the supposed reflex phenomena.

But let us complete the picture. Taking up the functions in their vital order the appetite is capricious, bowels inclined to constipation, while the urine is voided frequently. Like a puppy this anxious restless active child must urinate every few minutes, and drinks about as often, but taking small quantities. The nervous restlessness is increased toward evening. Profuse perspiration during the day and especially at night. Another peculiarity about these cases is they drink a great deal of milk, "almost live on it" we are often told. Now if we trace out the effect of this one article of diet we find that it is a nitrogenous food, causing extra activity, while the lactic acid and other acids (see Duncan's diseases of Children, p. 303,) so stimulate the circulation that vesical irritation and cerebral hyperæmia would be a natural result. This style of diet brings on a gastric disturbance that simulates worms. Vomiting and attacks of diarrhoea vary the scene.

The remedy suggested is a valuable one for gastric catarrh, but we can improve on that and avoid its secondary sedative effect upon the brain.

One of the best remedies here is Cina. Not because it is a reputed worm remedy, but because it has a decided effect upon the digestive organs. "Desires many and different things; great hunger soon after eating; thirst; gnawing sensation in the stomach as from hunger." Urine; "frequent urging, with passage of much urine." Sleep; "toss-

ing about in sleep with cries and lamentations." General; "child restless uneasy; pale and weak; twitching of the limbs." The leading expression of this remedy is hypersensativeness which is interpreted as peevishness.

The stomach symptoms appear more prominent early in the history of those cases, in fact are often overlooked until the nervous irritation compels attention. Cina is an early remedy so are both China and Nux vomica. Especially the latter if the child is allowed coffee, and especially China if it eats much salt, a whim of some children that is often an important factor in these cases.

Hyoscyamus will be a remedy thought of for these restless uneasy movements. Its thirst is similar to that of Arsenicum. The eructations after a meal and tenderness of the pit of the stomach points to a gastric catarrh. It has "frequent micturition; muscular twitching" as well as "convulsions," "restless sleep with startings from fright," as well as "spasmodic affections in children."

Ignatia is closely related to this remedy and Cina, but the one that has served us best has been Hyoscyamus, in the lower potencies. The high have not worked as satisfactorily.

Causticum has disappointed in these cases, while it is a most excellent remedy in chorea proper. This is explained on the ground that in chorea we have anæmia of the nerve centres. Causticum has "weak memory," roaring in the ears and other symptoms of exhaustion. It has also peevishness and fretfulness but like that of Calc. phos. it is a result of the general anæmia of the nerve centers.

Looking upon this subject from our present knowledge, we are inclined to class the symptoms styled by M. Simon cerebral irritation, as the nervous phenomena of gastric catarrh. There is undoubtedly a cerebral irritation, yes even a hyperæmia as well as hyperæsthesia, but it is not of cerebral origin, as he would lead us to infer. In fact it may be in some cases urinary, as well as intestinal in others. It is also possible to induce these symptoms from direct overtaxing the young, rapidly growing brain, but in our experience that has only been one factor in the train of causes and not the chief one.

The literature of children's diseases, from the third to the seventh year, is very meagre and we are especially thankful to M. Simon for this valuable contribution. Our readers can also add valuable experience here. T. C. DUNCAN.

Therapeutical Department

MORE ABOUT SMALL-POX.

Considerable having been said in some of the late numbers of *THE INVESTIGATOR* about Ars. in the treatment of small-pox, and on page 398 of the April number of the *Hahnemannian Monthly* for the year 1872 is an article by C. S. Middleton, on the use of Carbolic acid in the treatment of variola. Having had several cases of small-pox to treat this summer, I concluded to put the matter to a test. Selecting two as nearly alike as possible.

Brothers, Charles aged nineteen, and George aged twenty-three neither of them had been vaccinated, so I had clear cases of small-pox to treat. Taken sick at the same time, conditions same altogether; the eruption on both so full that there was room for no more, becoming confluent early in the progress of the disease. Charlie was given the Carbolic acid 1x dilution ten drops in half a glass of water, dose two teaspoonfuls every two hours during the day. George was given Ars. 3x five grains in half a glass of water dose the same as Charlie. Charlie was very comfortable all the time, never losing his appetite, bowels regular, all the stages much shortened, passing from the milky to the drying up without suppuration or secondary fever, the epidermis falling off in large flakes measuring inches, no marks. George was feverish, delirious, no appetite, bowels loose and for several days very uncomfortable. The several stages slow in passing and at the milky disposed to pass into suppuration at the end of ten days, fearing the consequences of the secondary fever in a case so bad as his, I did not feel like continuing the experiment further, and placed him on Carbolic acid also, in twenty-four hours the change was marked, tongue began to clean, appetite return, and in forty-eight hours the pustules began to dry up, recovery

taking place without a particle of secondary fever, coming under the line about ten days behind his brother.

Bro. Dever, leave your *Symptomen Codex*, Nelson leave your *Ars.* and give Carbohc acid for small-pox.

J. SIMMONS.

*A VARIETY OF MOLLUSCUM CURED BY THUJA**

BY S. BLAKE, M. R. C. S., LIVERPOOL.

There is less doubt engendered by describing the exact symptoms present, with their source, progress, conditions and concomitants than by naming the disease. In this way, the cases may afterwards come to be placed under another heading of nomenclature, or be differently named, but the importance of the therapeutic result still remains. This case was diagnosed by my colleague, Dr. E. Williams, as molluscum, and, agreeing with this verdict, I will so name it.

E. H., a woman of thirty-five, presented herself for treatment for an eruption about the face, forehead and neck. Each of the elevations are separate, and at a distance from the others, there being from ten to twenty of them out at one time about the face and forehead. "They come out in successive crops; after the old ones disappear a new crop follows. They are like a pock in appearance, but more tuberculated, of longer continuance during their progress, and more hard and watery-looking and elevated than the pock of true variola. They are, however, umbilicated at the apex. They grow gradually from small, smooth hard papules, and after lasting for several weeks, gradually mature, discharge their contents and then die away, only to give place to a fresh crop. At the end of their career, they suppurate slowly with a red areola. In their commencement, or young stage, they are attended by a very slight

*Being part of the series of cases, the record of which gained for Mr. Blake the "Epps" prize. (Reprint from *Homœopathic Review*, London.)

itching. If pressed with the nail when getting ripe, their contents of white sebaceous matter can readily be pressed out, leaving the tubercle to wither. After some weeks only, when broken down, do the contents become purulent, thus differing both from varicella and variola. Although in certain stages the pock looks at first sight very like that of variola at a certain period of its later development, there is none of the eruption on other parts of the body. These crops have now been appearing for a period extending upwards of six months, and are in no way diminishing." She was treated for four weeks by Thuja 12th decimal attenuation—a dose three times a day, aided by emptying the ripper tubercles with the nail as they matured.

For a week, Thuja 6x was ordered her, and after this it was noticed that "the nodules look red, but disappear sooner or die away faster than they ever did before." This was on May 1st. Medicine continued.

On May 16th, it is noted that there are no fresh spots coming out now, and the old ones are dying off; but a new symptom has appeared, viz., headache in the vertex. Was this pathogenetic? In the provings of Thuja there occurs: "Pressing in the vertex as from a nail, worse afternoon and 3 to 4 A. M.; better on motion and after sweat."

No fresh spots followed, and the disease did not afterwards return.

There are several varieties, and it may be there are different diseases under the name molluscum. Thus some of the projections are described as pedunculated warts, others stand on a broad basis as occurred in the case referred to.

Thuja, as is well known, is often the medicine for pedunculated warts. In one instance I knew a wart, one among a cluster of white, smooth, and thinly pedunculated warts behind the ear of a young child, drop off during the first few days of treatment by Thuja 12c. It became at first purple; as if strangled internally at its neck, and then dropped off spontaneously, but its companions refused to co-operate in the same design after a few weeks persistent treatment with the same medicine. The patient getting tired of it, I then

tied the remainder and soon made away with them. The 12c. and 6th dec. of Thuja failed to remove the remainder of the warts referred to in this instance.

The symptoms of Thuja which bring us near to molluscum are:

A. The condylomatous, warty, and nodular tubercle-like projections of its provings.

B. [From Allen]. Round blackish brown elevated spots, mostly on the face, nape of neck and chest; on the hands, wart-shaped excrescences of the size of a poppy seed, gradually increasing during the proving to sixteen in number. Their shape a truncated cone; their surface smooth and apparently seated in the epidermis. Their size varies according to their age, the largest as large as a small pea. They remained in that condition for about six weeks, when the larger ones became depressed in the centre, and resembled a small pit (umbilication) surrounded by an elevated ridge. This ridge disappeared gradually, together with the wart. The smaller warts disappeared without going through this process. Eight still remained (after three months; all warts gone except on one little finger after five months).

They ceased to grow individually a fortnight after ceasing the proving (taking the medicine?) The new warts are smooth and truncated, and, unlike the old ones, are not horny, and do not split. Four sets of warts are at one time noticed of different ages belonging to different crops. The older ones have red areolæ.

They are less painful, and the red areola is less on the appearance of the menses.

Similar warts occurred on the neck, chin and other places.

Pimples on the face. Pock-like eruption over the whole body, with febrile chill in the evening, sweat at night, and other symptoms in a person of gonorrhœal cachexy. In one case the pocks broke out on the face and scalp, and became confluent with variola; suppurated and scabbed, but without leaving any mark, with a cure to the gonorrhœal cachexy.

Pock-like eruption behind ears on the chin and forehead, also on neck, partly becoming small brown warts. Eruptions also are noted, which more resemble varicella than the former kinds described.

But few medicines are recorded as curing molluscum. These are, "*Silica* and *Lycopodium* (Dr. Dudgeon), and *Kali sodatum* (D. Belcher)."—Dr. Hughes.

Silica. Large fleshy warts suppurating (Hering). Variola-like pustules ending in suppurating ulcers (Allen).

It is interesting that all these three drugs have a symptomatic and clinical relationship very much in common as regards three conditions of skin, apart from molluscum, i. e., to blotches here and there, to nævus, and to blood boils. With *Silica* and *Lycopodium*, suppurating eruptions are common. This is not noticed so much under *Thuja*, where the diseases seem less inclined to form suppurations or ulcers.

Kali hydriodcum, "pustular eruption, often umbilicated, leaving scars. Papulæ on face, shoulders and back, and small boils in the same parts, leaving scars."—Hering's *Materia Medica*.

Allen gives under *Kali iod.*, "congestion of the cellular tissue, beneath the skin, is added to the other symptoms, giving rise to excrescences like tubercles. Eruption resembles pustules of acne; also like condylomata."

Lycopodium. Pimples contract to a scurf. Warts. Pimples become pustular and scab over; copper-colored scar.

The umbilicated nature of the elevations brings us a character of considerable importance in selecting a medicine. But few medicines possess this feature. Thus *Rhus tox.*, though having this character of umbilication, produces a more evanescent vesicular eruption, which, as is well known, approximates more closely to chicken pock than an eruption of the nature of molluscum. *Hydrastis*, again, presents characters closely resembling small pox, with its umbilicated pustule. There is sometimes, but rarely seen, an eruption of pustules scattered over the body during the first and early stage of syphilis; the pustules being slightly depressed

at the apex. This eruption was quickly resolved by Merc. sol. 1, in a case under my care, the eruption being cured in two days.

To the constitutional infection in this man, "local suppurating contagious chancres" were superadded, as well as balanitis. (Double infection from chancres having "Hunterian" characters, plus suppuration and lymphatic contagion?) The depressed eruption of Kali iod. is interesting when considered in relation to the kind of case of syphilis just described. It is not common to find what appears like double infection corresponding to two, as a rule, distinct diseases and worthy of note, that the entire disease disappeared so speedily under Merc. sol. The pocks in this case were rather hard at the base, with a slightly red areola, and well formed, almost resembling variola when advanced towards maturation.

Hydrastis is another medicine related to variola and the umbilicated system; thus we note "pimples resembling the early stage of variola or varioloid, vesicating, becoming pustular, umbilicated, and turning black and scaling off on the ninth day (Allen.) It would be a medicine worthy of trial in such an eruption as that occurring in the instance I have recorded under the title molluscum.

WILL ARSENICUM AND CIMICIFUGA CURE SMALL-POX.

No reply to R.W. Nelson's effusion to THE UNITED STATES MEDICAL INVESTIGATOR of July 15th would be necessary had he confined himself to the question. Certainly not if he had profited by the advice which he assumes to give me, he would have known too much of the nature and treatment of the disease to have qualified. *Even* his vanity for claiming specific virtue for Ars. and Cimicifuga in small-pox much less in the incredibly short time of from three to four days. Twenty-six years experience in the practice of medicine, during which time I have treated sixteen well marked cases

of small-pox, likewise had it myself, should exempt me from R. W. Nelson's first charge.

Neither Dr. Jenner's introduction of vaccination. Olephant's vinegar cure, sciatica cured by Tart. ant. 6x, or warts cured by Thuja 73m. have anything to do with R. W. Nelson's "proper treatment of small-pox," and just why he should attempt to drag them in as parallel cases can only be accounted for by the disposition he evinces all through his paper, in keeping as far away from a point as possible.

The only point is will *Ara.* and *Cimicifuga* as prescribed by him cure small-pox in from three to four days. If so, then vaccination should be an operation of the past.

I am sorry the doctor showed so much spirit in his reply, he evidently did not comprehend my meaning. I asked him to boil down his remedies but he boiled over.

HASTINGS, Michigan.

I. DEVER.

*BACTERIA IN TUBERCLES.**

BY DR. R. R. GREGG, BUFFALO.

You have all heard much in the last few years of bacteria in diphtheria, splenic fever, chicken cholera, typhoid fever, etc., and now comes the claim by Professor Koch, of Berlin heralded to the world, through the *London Times*, by Professor Tyndall, that he (Koch) has discovered bacteria in tubercles. But it seems to me that, notwithstanding the high scientific standing of these men and their positive assertions, we lesser mortals have the right to investigate these matters in our own way, and if need be, to call in question the possibly hasty conclusions of such great scientists, in the best interests of that very science of which they are such ardent devotees. Indeed, as physicians who have to deal practically with human life, it is our duty to investigate this subject most thoroughly for ourselves, and not accept every, or any, mere theory, unless it be first demonstrated to be true, and to be relied upon to the extent of being safely carried into practice.

*Read before the American Institute of Homœopathy, June, 1882.

As many of you must know, I have myself given some attention to bacteria the last few years, and I assert here positively, as I have repeatedly done elsewhere, that the three classified forms of so-called bacteria in disease, are never, in any case, anything more than the three forms of coagulating fibrin which develop in every inflammatory disease, and in every locality where congestion and inflammation manifest themselves as results of morbid causes.

These three forms of coagulating fibrin are, first, granules; second, fibrils, and third, spirals. These granules of fibrin are of the same size and exactly of the same form as the alleged micrococci, or spherical bacteria of disease—both standing “upon the very borders of the visible” under the highest magnifying power. The fibrils of fibrin are precisely like the assumed bacterium termo, or rod-like bacteria of disease, and demean themselves the same under similar conditions. And the spirals of fibrin are also precisely like the so-called spiral bacteria of disease, and they too act similarly under all similar circumstances.

As to proportionate numbers, moreover, there is a similarity throughout. The bacterists tell us the micrococci are far in excess of the other forms of bacteria; indeed, almost infinitely so. And so it is and must necessarily be with the granules of fibrin as compared with its fibrils. Hundreds of granules of fibrin join together to form one fibril, so the former must be hundreds of times in excess of the latter. And the spirals of fibrin are much less in numbers than the fibrils (as spiral bacteria are said to be far less than the rod-like), for the reason that the fibrils readily secure attachments of their ends in or upon any living part, which hold them straight; while it would only be the few fibrils that did not secure such attachments that would contract upon themselves, under their firmer organization, and thus be curled into the spiral form.

Again, in color the granules and fibrils of fibrin are the same as bacteria. Professor Cohn says that bacteria are white, and we all know that coagulated fibrin is white. And still again, the two correspond fully in places of abode,

for wherever bacteria are said to be found in disease, whether in fluids or solids, on surfaces or infiltrated into the substance of tissues, in tubercles or within tubercular cells, there also are found granules and fibrils of fibrin under inflammatory conditions.

So look where we may, institute the most careful scrutiny we possibly can with reference to these two sets of forms or bodies, the comparisons and similarities between them are complete and as exact as the most rigid scientific requirements could demand.

And here we come to the strangest and most unaccountable fact in all this field of research, or, for that matter, in all the range of science. Notwithstanding these similarities are so exact throughout, between the respective forms of these two sets of organisms, not a scientist, not a microscopist, not a pathologist, the world over, has ever, so far as I can learn, called attention to the facts, when discussing bacteria, and told us that here were these forms or fibrin, swarming in hundreds of thousands, in every instance, and in the very places where the bacterists claim their parasites to develop and multiply in such enormous numbers. Throughout all the recorded discussions and the entire literature of the subject, not a word from them is to be found telling us that forms of fibrin, in great numbers, are present under all such circumstances, or even hinting at their existence.

What kind of science is this? A world full of scientific men, many of them of the highest order; but not one of them stops to think and apply to the solution of their great mystery one of the most simple and best known of physiological and pathological facts, namely, the various steps that extravasated fibrin must go through in every instance of its exudation and organization in all forms of inflammatory disease. Instead of this, they go on mystifying the mystery until they have made the world stand agast with fear and trembling as to who shall be the next victims to these terrible destroyers, "bacteria," or vegetable parasites, which cannot develop and could not live a day within the precincts and under the dominion of animal life.

And now comes Professor Koch, with his claim of having discovered bacteria in tubercles, to still further frighten us out of this world and into the next, at the idea that we nearly all must, or may, have something gnawing at our vitals, which nobody but scientific men have the ability to comprehend. But let us maintain our senses a little longer, and see if we also cannot discern some of the beauties of this wonderful creature and tell what he is made of, and how he looks. It seems to me we may be able to do so, if we do not go insane just yet over this new bacteria craze. At least, let us try.

Every tubercle has fibrin in a fluid state, extravasated from the blood into and around it during the progress of its organization, and then the said fibrin coagulates into granules and fibrils, to furnish Professor Koch with his bacteria in the organizing stage of tubercles. This assertion of fibrin being extravasated into and around tubercles is no mere guess-work. It is a great scientific fact, and an absolute necessity in nature's watchful and unceasing conservative care over us, for which, however, Professor Koch seems not to make the slightest allowance.

The fibrin exuded into the tissues and in tubercles becomes condensed and organized (under the inflammation that softens the tubercles) into the firm and impervious wall that outlines and divides its putrid contents from the surrounding healthy tissues.

The fibrin extravasated into the tubercle and upon its immediate surface, and there organizing, is what gives us the fibrous stage of all tubercles, that have such a stage. Then, when the tubercle softens, the organized fibrin in it softens with the rest; that is, undergoes retrograde metamorphosis, or breaks down in the exact inverse order of its original construction by separating into fibrils, and these fibrils breaking up into segments, or the so-called rod-like bacteria, while the segments separate into their original granules, or the assumed micrococci, and furnish Prof. Knock with all the bacteria he claims to exist in tubercles.

So much for bacteria in general in tubercles. Now we

come to another and more specific point that may seem to many more difficult to surmount. Prof. Tyndall quotes Knock on the following point: "It was," he says, "in the highest degree impressive to observe in the center of the tubercle cell the minute organism which had created it." And the editor of the *New York Medical Record* says in speaking of Koch's "minute-bacillus" of tubercles: "It is rod-shaped, and from one-fourth to one-half the length of a red blood-corpuscle." These are specific and positive assertions as to the form, size and nature of the bodies which Koch claims to have seen—and let it be understood that no question is here raised as to his having seen such bodies. He has undoubtedly given us the facts correctly upon that point, but it is his assumption as to the nature of these objects that is disputed, and to understand this we must again digress to other matters.

Many times during the last twenty years have I asserted that every tubercular cell is nothing but a decolorized red blood-corpuscle, and with this paper I submit a sheet illustrating this fact. The causes of this change of the natural healthy cells of the blood to the most deadly of all morbid cells that prey upon organized life is as far removed from bacteria as heaven is from that place to which the writer expects to be speedily consigned for having written this paper.

It is the circulation of the colored blood-corpuscles in the too watery blood of the consumptive that decolorizes many of them; that is, the older and weaker of them, just as other organic structures of color are bleached when having to exist in a medium that is too watery for their nature. Then they (these decolorized blood-corpuscles) are deposited or congested in the capillaries, and fibrin is poured out around them, where it coagulates to inclose the mass, and the whole becomes an organized tubercle. In many, if not in all cases, in the first stage of the disease, other blood corpuscles not decolorized before their deposit become also congested along with those that are, and many times independently of them, under the strong congestive tendencies

of some tuberculous subjects, after which such corpuscles are also decolorized by the chronic or sub-acute inflammation which they excite, have fibrin extravasated and organized around them, and they, too, then become tubercular corpuscles, and constitute in mass a tubercle.

Here, then, is the simple story of the immediate cause of the organization of the cause of all the tubercles, wherever found in animal life, and with which bacteria has no more to do in any case than they have to do with the creation of healthy blood corpuscles in the first instance, or than we had with the creation of the world.

A little further explanation of facts, and then we will be prepared to understand Prof. Koch's bacteria within the tubercle cell, as well as those distributed through the tubercular mass outside of the individual cells, which has already been explained. We all know the fact that fibrin is held in perfect solution in the serum of the blood, and also that it passes through the walls of the capillaries, while thus held in solution, without the slightest apparent hindrance, or as readily as it would through a sieve. And we further know that the serum and whatever is in solution in it, fibrin and all, passes just as readily through the walls of the blood corpuscles inwardly to mingle with their contents as it does through the capillary walls. Indeed the liquid contents of the blood corpuscles are the same as the serum of the blood, with hæmatin added thereto, to give them their color. And still again all know, or ought to, that wherever blood stagnates under congestion, and especially so under inflammation, the fibrin in the serum commences at once to coagulate into granules which soon unite to form fibrils. Lehmann says this coagulation of the fibrin "goes on within the vessels of the living body as soon as the blood ceases to circulate."

Well, then, what happens to the fibrin held in solution in the serum which is retained in the congested vessels, must also happen to the fibrin held in solution in the serum retained within the walls of the blood corpuscles; that is, it must be coagulated first into granules, which soon join

together into minute fibrils within the corpuscles. There can be no other possible result, because whenever fibrin stagnates, and especially when brought under inflammatory action, as in all softened tubercles, there it universally coagulates.

Then, all tubercular corpuscles being simply decolorized blood corpuscles, and nothing else, which hold within them fibrin in solution, this must be coagulated in the way above pointed out, and thus furnish Dr. Koch with his bacteria here, too, the same as throughout the mass of tubercle, outside the special cells. You will remember the point in this connection already given from the editor of the *New York Medical Record*, that the tubercular bacteria of Koch "is rod-shaped, and from one-fourth to one-half the length of a red blood-corpuscle," which would be the exact condition of the fibrils of fibrin coagulated within the blood-corpuscles, as just described.

And here, as it seems to me, is all there is of this much-talked of discovery, which has led, or is rapidly leading, to a new bacteria craze, which, unless stopped, must still further divert the minds of physicians from disease, as it really is in nature, and from their true duty in healing the afflicted, by creating bugbears that they know nothing of, or how to combat, and which only leaves them helpless, in the midst of doubts and fears, that have no foundation whatever in fact.

Fahrenheit and Centigrade.—

From Centigrade to Fahrenheit
 'Tis easy to divine,
 You first must use arithmetic,
 And multiply by nine.
 The answer now divide by five,
 And then you have in view
 The very number that you seek
 By adding thirty-two.

From Fahrenheit to Centigrade,
 However, it is plain,
 You first must take the thirty-two
 And multiply again.
 But this time only by the five,
 And then you draw a line
 Straight up and down, in order that
 You may divide by nine.—*N. Y. Med. Rec.*

Anatomical Department.

OCULAR EXAMINATION OF THE ŒSOPHAGUS AND STOMACH.

M. le Dr. J. Baratoux, in *Le Progres Medical*: There exist two different methods of exploration, one with reflected, the other with direct light. In France these cavities are not so often subjected to an examination as in Vienna, where at the general hospital Professor Stork makes them whenever a patient complains in the least of these parts.

He uses a series of instruments consisting of metal tubes of different shapes and lengths, varying from five to thirty centimeters. Some of the tubes are straight and form a single piece, others are composed of rings bound together at the sides, so that the tube can move from before backwards on its articulations; others still are made with the rings in the lower fourth, the rest of their extent forming a straight piece. At their upper extremity they are united with a handle. Professor Stork has also had manufactured instruments composed of three tubes enclosed in each other. They can be placed gradually by means of a screw situated at the end of the handle, so that the tube being at first only eight or ten centimetres long, may become thirty centimetres in length when fully extended. As the rapid withdrawal of the tube may be necessary, the inventor has placed on the handle, a ring fastened to the inner tubes, so that by its proper adjustment they may be made at once to resume their first position. A tube consisting of two blades may also serve the purpose. They are fixed by a movable joint and when inserted spread apart, dilating the walls of the œsophagus. To introduce these instruments the patient must be on a low seat with his head thrown strongly back. After the tube is inserted it is held by the left hand while with the right the light is thrown into its interior.

Those tubes which are articulated are covered with rubber to prevent injury to the walls of the canal. It is well to begin with the shorter ones, until the patient becomes accustomed to bearing them during the time necessary for the examination. Excellent results follow, for the œsophagus may be thoroughly explored by placing its different parts successively at the lower extremity of the tube. And if the instruments were made of rubber or glass, the former of which would be light, the latter allowing the whole interior of the œsophagus to be seen at once, even more satisfactory results might be attained.

Gastroscoy has also entered largely into medical practice at Reima, Dr. Mikulicz having used it a great deal since last October. He uses an electric polyscope recently made by Leiter. The light is produced by a platinum thread placed at the end of an elbowed tube, which following the œsophagus terminates in the cavity of the stomach. The electricity is furnished by Bunsen's battery, but as the heated wire burns the canal, a current of water is made to run over the apparatus, by a special pump. It is not sufficient in quantity, however, to obviate the inconvenience.

The tube contains a canal through which air is blown into the stomach, dilating it and so facilitating an examination. The optical instrument which brings to the surface the picture of the mucous membrane is analogous to that of a polyscope. Such is the apparatus constructed by M. Leiter. Electric polyscopes are based on the property which a voltaic current possesses of producing light by heating the small section of a circuit. This property of the current of heating to whiteness, metallic wire of great resistance was applied for the first time in surgery by Heider, in Vienna (1845).

It was a number of years after this discovery before use was made of light thus produced to illuminate the cavities of the body. To produce the luminous source the galvanic current must have a determined intensity, for if feeble the incandescence is insufficient; but if the intensity becomes too great the platinum wire melts and disappears. Being necessary to use wire of considerable size so much

heat is engendered that a current of cold water is used to neutralize it. So the apparatus requires considerable dimensions and becomes very complicated, and the light in passing through the water takes a reddish tint very unfavorable to exploration. It has been improved upon by M. Trouve, who recognizing quickly the inconveniences which attached to the current of water, sought to suppress them. He diminished the production of heat by using very fine wires of *iride* platina and enameled the reflectors both externally and internally. When with the polyscope the oesophagus only is examined, a straight tube is used, if for the stomach a bent one. These instruments consist of a lutee carrying at its lower extremity, opposite a little window, a prism mirror with a complete reflection, and a wire of platinum. The luminous rays are reflected by the prism. To illuminate the stomach the sound is introduced with its mandrel, in order to replace it by the polyscope tube which is then put in communication with the source of electricity by means of two conducting wires. By pressing a button adapted to the instrument the platinum thread becomes immediately incandescent and the interior of the stomach is lighted with intensity. This polyscope is superior to that of M. Leiter's in the following points: The water current is abolished, also Bunsen's battery, which considerably lessens the volume of the apparatus, further we have the gradual current of electricity, and as the light does not traverse the liquid, the mucous membrane does not present that red tint which is produced by the circulation of water in the polyscope.

E. G. CHAPIN.

Drawn or Undrawn Fowls.—Dr. H. R. Porter, of Bismark, D. T., writes thus to the *New York Medical Record*: "You say that 'there seems to be no definite facts as to which will keep longer, drawn or undrawn fowls.' Facts demonstrate in this part of the country, that drawn fowls keep longer. Hunters here take out the entrails of all they bring home for use, or to ship, because they keep longer than the undrawn. I have also noticed that where the viscera are allowed to remain for any length of time, the flesh has a decided intestinal flavor, not at all agreeable to any except to *very gamy persons*."

Correspondence.

THE WISDOM OF EXPERIENCE.

TO YE SMALL PILLARS: "I'll use you for my laughter when I am waspish." "There are more things in heaven and earth, Horatio, than are dreamed of in your philosophy." "O rare wel!"

Dr. Duncan bears a Scotch cognomen, yet he had enough Yankee shrewdness to foresee that to give the *boys* a chance would make his journal immensely popular, so he has let the beardless youths try their skill at writing; clumsy attempts indeed, but made with all the earnestness and sublime self-assurance of a sophomore. I tried it myself, and now would feel ashamed of some of my earlier productions only that I know that the old gray heads instantly recognize the stripplings' handiwork, and smile, and say nothing except to now and then give a sharp *jab* that sets us to thinking. Probably they remember their boyhood days.

Dr. D's course has been appreciated, and *THE INVESTIGATOR* is deservedly popular. It has regularly come to my office ever since I began to practice and I look over my files with much satisfaction; indeed the old volumes are more attractive than anything Dickens ever wrote. Now I read with keen relish that which I used to skip as too hard. I take more journals, but *THE INVESTIGATOR* retains its hold on my affections.

These thoughts are called up by reading Dr. Clemmer's article (Aug. 15,) on high potencies.

He writes vigorously, but his very vigor and the profusion of his adjectives betray his tender years.

I do not say this to rouse an antagonism but in all kindness and good feeling. My dear brother, after some few years of agitation—if you are an earnest worker, and I believe you are—this effervescence will cease, the muddy dregs will sink and there will be a calm.

Our author has several times used the word "impossible." "Impossible!" said Bonaparte, "impossible is the adjective of fools!"

In regard to some statements made I would inquire. Are you sure? How do you know? It seems to me idle to talk of atoms and molecules until the atomic theory is something more than mere conjecture.

Our friend evidently believes the Internationals to represent the "sum of all villanies." I do not understand that to be a member of that body it is at all necessary to believe in high dilutions. But you must believe in "the simillimum, the single remedy and the minimum dose."

Amen. I fervently wish that every Homœopath might not only thus believe but thus practice.

The fact is that too many of our men are ready to talk of liberty—for everybody but the high dilutionist—and to preach alternation, polypharmacy and all sorts of Allopathic practice, when these ought to be admitted, if at all, only in exceptional cases and under protest. We have fought until the enemy shows signs of defeat and now we are told to ground our arms and surrender!

I think it about time for somebody to hold up the banner of pure Homœopathy. When I was about sixteen years of age I thought my father rather stupid, but in after years I realized that he had some grains of wisdom; and now it is quite the fashion for the young practitioner to rail at the old master who had more genius and learning than all his revilers. By the way, Dr. Duncan, don't you forget to send me one of those Cabinet Photos of Hahnemann! I see in every house pictures of Washington, Lincoln and Garfield, but never one of him who was greater than they. It ought not so to be; let us redeem the profession from its dishonor. Why not raise in Chicago or New York a grand monument to his name? I will head the list with my dollar, and if each of the ladies who have been cured of incurable disease will give a dollar we can have a grand monument to the greatest man of the nineteenth century.

It will be eminently proper however, that the Interna-

tionals be invited to take charge of the matter! Dr. C. tells us that a day has dawned, a new era, etc., for which information he deserves a position in the signal service bureau. He says that the great battle of Homœopathy is being fought with low attenuations. Even so, and with alternated remedies, and poly-pharmacy, and other Allopathic practice. I am sorry to say; and a poorer fight and longer delayed victory, I ween, than if high potencies were more often used. Indeed the raw recruits are looking from one side to the other and seeing so little difference they cry, peace, peace, when there is no peace!

Look at the undesirable fact that the best work in *materia medica* and therapeutics has been done by high dilutionists. What a hole would be made in our literature if we were to part with Hahnemann, Jahr, Raue, Guernsey, Lippe, Hel-muth, Bell, Duncan, Hoyne. Hering, Dunham, Lilienthal, Cowperthwaite, Gregg, McNeil, etc. "The pathogenetic, like the therapeutic powers of high potencies have no existence except in traditionalism." Dew tell! Once I thought so, and it delighted the very marrow of my bones to find some simple nonsense like the Milwaukee fiasco, but at last I learned that the proof of the pudding was in the eating thereof, and so I learned that the high dilutions not only cure but very often cause aggravations, and that they have pathogenetic powers.

Go thou and do likewise. Make some "so-called" high potencies yourself, test them in one hundred acute and chronic cases and report results. Then older men will listen; until then you need not think to knock out a star in heaven with twice twenty pages of "so-called" science. Great worshipper of science, have you read A. Wilford Hall's "Problem of Human Life?" (Hall & Co., N. Y.)

If so, you know that the wave-theory of sound is overthrown and you find that "*sound* consists of *corpuscular emissions* or some kind of atomic emanations!" And when you find that, perhaps you might as well find material substance in high dilutions. Have you read "Parallax?" He claims—and men of considerable gumption admit that his

facts are unanswerable—that our system of astronomy is all wrong; that the earth is an irregular plane; that the sun is only a few hundred miles away; that our astronomers are a pack of fools!

With regard to Hahnemann's administering medicines by olfaction I see no reason why it should not be an efficient mode. It may be a delusion but I feel almost sure that I have seen several persons made unconscious by inhaling chloroform! In conclusion I will state that your humble servant is not an International, and probably never will be for occasionally under protest he alternates, and sometimes under protest uses Allopathic expedients. Nevertheless he admires though he may never be able to attain to their high standard.

I do not prescribe high potencies as often as I do low, probably because of a natural leaning toward the low, but I like to see a fair and square fight when a fight is the order of the day.

LEXINGTON, Mich.

A. F. RANDALL.

Effects of Smoking on the Heart.—Cases of intermittent pulse have often been observed, in which the cause was unquestionably the use of tobacco, the difficulty disappearing in almost every instance where the habit was abandoned. The *Sanitary News*, under the head of "Danger Signals," presents the following interesting facts on this subject.

"Some years ago M. Decaisne drew attention to the fact that tobacco-smoking often causes an intermittent pulse. Out of eighty-one great smokers examined, twenty-three presented an intermittent pulse, independent of any cardiac lesion. This intermittency disappeared when the habit of smoking was abandoned. He also studied the effects of smokings on children from nine to fifteen years of age, and found that it undoubtedly caused palpitation, intermittent pulse and chloro-anæmia. The children, furthermore, became dull, lazy, and predisposed to alcoholic drinks. Recently he reported to the Société d'hygiène (*Gazette Obstétricale*) the results of his observations on the effects of smoking on women. Since 1865 he has met with and observed forty-three female smokers. Most of them suffered from disturbances of menstruation and digestion, and eight presented very marked intermittency of the pulse without any lesion of the heart. He gave detailed accounts of these eight cases, in which all treatment directed against the intermittency proved utterly useless, while the suppression of tobacco was invariably followed by improvement and very often by complete disappearance of the phenomenon."

Sanitary Department.

VACCINATION IN SWITZERLAND.

BY DAVID HAGGART, M. D., INDIANAPOLIS.

Vaccination in Switzerland has for a number of years been made compulsory, but the law was not sufficiently stringent to reach all who were inclined to evade it. So the Swiss Medical Commission instituted a postal-card inquiry to ascertain the status of the medical profession throughout the republic. This revealed the fact that out of 1,168 members of the profession 1,122 were favorable to vaccination. With this pressure the Federal Chamber was induced to enact the epidemic-*gesetz*. Under this law vaccination could not easily be evaded, as the penalties prescribed by it were from five to one hundred francs or one year's imprisonment, according to the gravity of the offense. The law was enacted in January and promulgated on February 14, last. When the people learned what an outrage had been saddled upon them through the instigation of the medical profession, they became stirred up and decided at once to exercise the right of a *referendum* or appeal from the decision of the Chambers to the suffrages of the people. This constitutional right in Switzerland can only be utilized providing thirty thousand signatures are obtained within ninety days. In this case over eighty thousand signatures were obtained within the period prescribed and laid before the President of the Republic. An election was ordered and the popular and final vote was taken on July 30, and the result as reported in the *London Daily Chronicle* of August 12, says: "Notwithstanding the most vigorous efforts on the part of the medical faculty and their friends, who spared neither trouble nor expense in circulating their appeals, the law has been rejected by a majority of 245,062 votes, or about four for every one who voted in the affirmative; only one canton (Neuchatel) having a majority in

favor of the law. This result has given a fresh impulse to the international movements against compulsory vaccination in Holland, Belgium, and Germany, and the leaders of the agitation in the latter country are confident that the Reichstag will follow the example of Switzerland, and repeal the German Vaccination Law at the next session. In order to co-operate in this important undertaking the Executive Committee of the International Anti-Vaccination League has just decided to hold the third International Anti-Vaccination Congress at Berlin in January next, and arrangements will be made to secure the representation of all countries where this medical prescription is enforced by municipal or imperial statutes."

If such is the popular verdict of an intelligent people like the Swiss, who have tested compulsory vaccination for a number of years, may we not ask ourselves the question: Are we not progressing backwards under the management of the present Board of Health?

SANITARY EDUCATION.

BY HENRY P. STIPP, M. D., LEWISTOWN, ILL.

Read before the Illinois Homœopathic Medical Association, 1882.

MR. PRESIDENT: I was recently honored by a request from the chairman of the Bureau of Sanitary Science, to furnish a paper to his bureau. I assented with some misgivings, and now offer the following on Sanitary Education:

The present condition of science in general is that of rapid progress. We can scarcely keep pace with the results of investigation in chemistry, electricity or microscopy. Medicine and surgery are not behind these. Sanitary science comes to the front. It offers the widest field, the deepest problems, and the greatest difficulties to be overcome.

Among the obstacles to the advance of sanitary science, I believe the ignorance of the people to be the chief. Prejudice, carelessness and dishonesty are factors also, but they are born of ignorance.

That ignorance does thus operate is evident. The various works devoted to the subject are full of references to it. The scarcity and limited circulation of health journals is proof of it; and the personal observation and experience of every one of us is conclusive.

The urgent need of the hour, is the education of the people in sanitary matters.

The question arises, "how may this be done?" Sanitarians have hardly answered it. They have shown us the importance of legislation, and of the establishment of boards of health, and health associations. They have also shown us the value of statistics of disease and mortality rates. We recognize these means as being of the first importance in improving the condition of, as well as imparting information to, the people.

The question as to the education of the individual is not so clear in my mind. If the people as individuals are thus educated, they will, as communities, adopt all reforms that sanitary science may offer.

The agents at work in this direction are several:

First, physicians; second, clergymen; third, public school; fourth, literature, *i. e.*, health journals, popular works, tracts and newspapers.

The first three are active agents; the last, passive. The first three may use the last in carrying out their purpose.

There can be no doubt that the physician comes first and foremost as a sanitary educator of the individual, because of his peculiar duties and opportunities. I am rejoiced that there seems to be a wakening up in this regard on the part of our profession. The clergymen have untold powers to do good, and it is encouraging to see notice of their increasing interest in the subject. Our public schools offer such possibilities, and show such deficiencies, that a whole essay might be written on them alone.

Lastly comes the literature; the passive agent in the hands of the others. The purely scientific works and periodicals for the use of physicians and scientific men generally, are excellent, but few in number—in this country, at least. Pop-

ular reading matter of good quality is very scarce. There are a few health journals, a few popular works, on the different branches of the subject, and an occasional article in the newspapers.

Are these agents adequate? I hold that they are, if properly at work. Are they properly at work? I think not. But I do think there are better days ahead. What has been done has had its effect. Those who have labored have not labored in vain. People are more alive to their deficiencies than they used to be; yet the advance is slow.

I will not enlarge on any of the ways to hasten the better days, except that of popular literature. Its quality is not of the best, generally speaking. Too many of the periodicals have an ax to grind; too many of the books have their pet theories; but the principal thing that strikes me in regard to it is, that there is not much demand for it. It is an old saying that a demand creates a supply. It is just as true and a great deal more to the point in this case, that a supply will create a demand. Business men recognize this principle, and send circulars to everybody. Insurance companies recognize it, and scatter their leaflets and statistics in profusion. Religious associations supply information through tracts and books; thereby doing great good.

Why may we not adopt the same principle? Why not have a good supply of simon-pure health-journals, books, tracts, statistics, etc., on hand, and endorsed by leading sanitarians? Why not persistently call the attention of the people to them, and scatter them generally through our respective communities? Why not have a corner in our local papers, where some article from an able pen may be inserted every week? Why not do this systematically and unitedly? Will we not thus make a supply? And will not the demand for more knowledge follow? The education of the individual proceed in earnest? And the greatest obstacle to the advance of sanitary science be removed?

I have presented this particular phase of this great question, in order that some immediate practical good may result from its discussion.

VACCINATION LAST WINTER.*

BY D. H. BECKWITH, M. D., CLEVELAND, OHIO,

For twenty years I used humanized virus for vaccination, and during that period had several cases of vaccina exanthemata; sometimes in the form of urticaria, sometimes vesicular, sometimes lichenoid, and erysipelatous. These cases were not frequent, produced no serious results, and continued from three to ten days. I cannot recall a single case that resulted in any permanent injury to any one from vaccination with humanized virus.

The past ten years I have used almost exclusively bovine lymph, and from its action obtained about the same results as from the use of humanized virus; excepting the past year: during this period many vaccinations failed, while others proved unsatisfactory. So popular has been bovine virus for the past few years, it has almost entirely superseded humanized. Many intelligent people believe that eruptive diseases and blood poison were introduced into their children by vaccination from humanized virus that was not pure and reliable. These objections were not well founded; but they had the effect to place bovine virus on the market. Physicians welcomed its introduction, for its use relieved them from censure, when a case of vaccine exanthema, or a spurious pustule was produced.

The wide-spread prevalence of small-pox, during the last three years in this country, has created an unprecedented demand for bovine virus. During the last winter months, orders came in to the producers, by telegraph and mail, not only from all parts of this country, but from Europe. The demand could not be complied with. The temptation to make money at the expense of the quality and quantity of the virus, was very great; human nature is the same everywhere; and producers with (it is feared) mere mercenary motives, sent out so-called bovine virus that was not capable of producing a good vaccine vesicle.

How many points were sold that contained nothing but

*Read before the American Institute of Homœopathy, June, 1883.

serum, the people will never know. How many that have been moistened with blood, and sold for reliable virus, time will never reveal. How many points and quills have been pressed into the exhausted vesicle on the twelfth and thirteenth days after vaccination, and come forth loaded with pus, and mixed in with reliable points, only the producers can answer. How much foreign matter has been added to increase the bulk of cones and pulverized crusts, only the compounder can solve.

How many cows, aged and infirm, have been the receptacle for virus, those in charge of the stables are the only persons that have the knowledge. How many cows have been tuberculous, and have been vaccinated, no one can answer. From fifty to eighty inoculations may be made on one heifer, which will charge from three thousand to four thousand points. If we could give credit to reports, the past winter, there has been from ten thousand to fifteen thousand taken from one animal.

It is said that old cows and bullocks can be made to yield lymph in abundance; and that the virus obtained from them, when used, is liable to be attended with excessive inflammation. I have seen the bullock and cows whose horns marked the age of nine or ten years in the vaccine stables; also cows so thoroughly vaccinated that their legs were covered with pustules. I have seen them after inoculation, in the hottest days of July and August, in filthy apartments without proper ventilation. Could we expect else than excessive inflammation from using virus obtained from such a source and giving rise to undesirable results in children vaccinated.

A microscopical analysis of one of the cones from a New England Vaccine Company, made by Mr. Prudden, of the medical department of Yale College, says, "The mass consists largely of larger and smaller clusters of epithelial cells, together with a large number of hairs, some broken off and others torn out by the roots. Besides those things there are fragments of vegetable substances of various kinds, fibres, bits of seeds, starch granules, etc. In about one-half of a single cone I picked out seventy-four fragments

of hair which were readily visible to the naked eye, and many more remained which were readily seen by low powers of the microscope." *

It seems strange that the producers of bovine virus are not under some legal restriction.

There is no law requiring them to remove bovine lymph on the seventh or eighth day after vaccination. No law to prohibit them from pressing the vesicle at a later period and load ivory points and quills with pus and blood, and place them on market labeled pure bovine virus; no laws enforcing cleanliness in their stables, nor prevent them from inoculating cows that are old and feeble; no law to prevent them from combining foreign substances with "vaccine cones" and pulv. crusts; no law to punish the producer for selling virus that is more deadly in its effects than the poison of variola. No national or state laws that protect the people's health and homes from unprincipled and dishonest propagators of bovine virus, sending broadcast cones, crusts, tubes, quills and points, which will produce by vaccination, scrofula, consumption, erysipelas, glandular swellings, offensive running sores, urticaria vesicular, and other forms of eruptive diseases. • No law that prohibits the producer from selling points and quills that contain no lymph, and are entirely inert, thereby allowing the spread of small-pox.

A few extracts from the many letters I have received on the subject of vaccination, are full of interest:

Dr. J. P. Dake, of Nashville, says, April 22, 1882: "That not over one-third of the primary vaccinations made by us this season with bovine virus (or what we bought for such), were effective; so many points proving worthless, and making so many trials, we received small pay for the labor bestowed."

Dr. E. U. Jones, of Taunton, Mass., says: "I cannot give you the exact per cent. of primary vaccination that were successful; but would estimate 20 per cent. Many were considered to be successful by the parents, simply because a

*Medical News, April 22, 1882.

sore was created; such cases would not protect from variola, thereby bringing vaccination into disrepute."

Dr. B. W. James, of Philadelphia, says: "The bovine virus was not as reliable as heretofore, and re-vaccinations were necessary."

Dr. C. C. Olmstead, of Milwaukee, writes: "That during the winter months (1881-82), no more than one-half of the primary cases were successful. In many cases I had to vaccinate them from two to four times before I could get it to work. I had three cases of ulcerated arms that took two months to heal."

Dr. J. B. Flowers, physician to the Ohio Institute for the Blind, says: "I used quills for bovine virus. The vaccinations did not take in a large majority of cases. I vaccinated one hundred and fifty at the blind asylum, and not more than ten had sore arms."

Dr. O. B. Gause, of Philadelphia, says: "I have used from several farms the past year with about the same result—very unsatisfactory. I am forced to the conclusion there is *fraud* in and about all bovine vaccine used. My greatest complaint has been, *no results*; failures in primary and secondary cases alike. The use of *humanized virus* gives me the most satisfaction."

Dr. Runnels, of Indianapolis, says: "We have had a great many sores, sloughing ulcers and bad eruptions from vaccination, but we have attributed them to the vitiated condition of the system. Not more than 25 per cent. of those we have vaccinated during the past year have proved to be successful. We believe a great deal of the virus was powerless to affect any one on which it was used; that by repeated trials, 40 per cent. were successful; but not over 20 per cent. on first trial."

CASE I. January 10, 1882, I vaccinated a servant girl, aged twenty-four, who had never been vaccinated. The arm on the seventh and tenth day was very much inflamed; the inflammation extending over her chest and the left side of her face. She had to carry her arm in a sling, and was confined to her room for three or four days. On the twelfth

day a varioloid eruption appeared on the body and limbs, which remained several days. The family where she was employed, became greatly alarmed, fearing that she might have been vaccinated with small-pox virus.

CASE II. February 10, 1882, I vaccinated with ivory points, two children (being the second trial); on the eighth day an eruption made its appearance on both children, resembling urticaria; probably due to absorption from the pustules, producing blood poison. The eruption continued for forty-eight hours; the children having a high fever, and were very sick for three days.

CASE III. February 20, 1882, I vaccinated two children of healthy parentage. These children never had sickness, and resided in a very healthy location. The youngest, a girl three years of age, had inflammation at the point of scarification on the third day. On the seventh day the inflammation disappeared, but a slight elevation remained, resembling a keloid growth. The boy, aged five, was not so fortunate. His arm commenced swelling on the third day, and on the seventh was greatly inflamed from the fingers to the shoulder; the redness extending to the chest and neck; erysipelatous in its character. The boy was confined to his room for several days. About the thirteenth day, the point scarified became a running sore. He had fever, afternoons, for several days, lasting from four to six hours. On the twentieth day after vaccination, the left parotid gland commenced swelling, and extended so as to partially close the left eye. May 10th, an incision was made, followed by a profuse discharge of pus. June 10th, a slight discharge still continues.

CASE IV. Vaccinated mother and daughter, age thirty-three and twelve years. Miss —, was vaccinated on her leg. She was confined to her room for one week, and obliged to remain three weeks from school, not being able to walk for nearly a week. The mother had a running sore on her arm for six weeks; a portion of the time the discharge was so offensive that both nurse and patient were often nauseated. The ulcer was as large in circumference as half a dollar, deep and gangrenous.

Many cases might be reported of a similar character that have occurred under my observation the past year. I prefer to continue the statement of other physicians:

Dr. H. F. Bigger, of Cleveland, reports: That in primary cases, one in six were successful; have had to re-vaccinate some cases four to five times. Vaccination the past year very unsatisfactory; used bovine virus points, tubes and crusts.

Dr. B. F. Dake, of Pittsburgh, says: "Never had so many failures, thoroughly disgusted; used points, crusts and quills, and with each the same unsatisfactory results; have more severe cases than ever before, majority of them in second and third week. Some cases seemed to work well for a few days and then degenerated into an animal poison."

Dr. W. R. Childs, of Pittsburgh, says: "About three in ten were satisfactory; many cases had to be re-vaccinated three times. Have had some bad results; one case ulcerated and took four months to heal."

Dr. L. H. Willard, of Allegheny: "Used points with frequent negative results, often producing septic poison. In one case of vaccination, had a true varioloid eruption, incipient stage, together with subjective symptoms. Two cases had eruption on the twelfth day."

Dr. M. W. Wallace, of the same city: "In fall and early winter months nine out of ten of primary cases were successful. In January and February, four out of six; after that, could not get any effect, out of fifty vaccinations only one result; had some severe cases."

Dr. J. P. Dake again says: "I believe the extraordinary demand for bovine virus created by the systematic and sensational newspaper reports, and the foolish declaration of Boards of Health, led producers of the article to put on the market vast numbers of ivory points and quills which had not a particle of genuine lymph on them, only serum, blood, and possibly pus."

Dr. I. T. Talbot, of Boston, writes the following: "The last year I have had some severe cases, arms swollen fearfully even to the hand and fingers, the swelling extending at

times to the head, face, neck and chest. In each case running sores formed and discharged from four to eight weeks. A part of the time patients were confined to their room and bed. I have used the bovine virus almost entirely for the past twelve years, but if such results are to follow, I shall return to the humanized virus from which I never had such effects."

Dr. A. C. Cowperthwaite, of Iowa City, says: "I had ten or twelve cases in which an eruption resembling hives appeared all over the body. In such cases the eruption was very troublesome, and the patients quite sick for several days, and the marks of the eruption remaining two or three weeks. The virus, in a large proportion of cases, acted unusually severe."

CASE V. The following case was sent me by a former patient, now living in Brooklyn, N. Y., aged twenty-two. She was in perfect health when vaccinated, January, 1882: "Two days later the arm became swollen and inflamed—nausea and fever—which continued for several days. For two weeks the arm was terribly painful, becoming almost perfectly black. The discharge was very offensive. The fever and pain was the severest during the second week, and the suffering was so great that I could not sleep. The heat in the arm was so intense that the dressings had to be changed every fifteen minutes. For three weeks I was very sick; the arm did not heal for three months."

Vaccinations had to be repeated in primary cases so frequently during the past nine months, and having so many bad results from the severe action of the virus, I have refused to vaccinate any one except on urgent solicitation. In my hands vaccination has not been profitable, nor has it been professional. A good vaccinator, if the lymph be good, should have but few failures.

New Treatment.—A white physician was called by a Spokane Indian to treat his sick son, on the Klamath reservation. The boy died when the father shot the physician dead and fled.

Medical News.

The American Public Health Association meets in Indianapolis, Oct. 14.

W. H. Sanders, M. D., has gone in company with his wife on an extended trip to Dakota and the northwest. Dr. H. B. Sanders is left in charge.

Died, at Decatur, Michigan, September 14, of typhoid pneumonia, after three weeks illness, Harry S., aged twelve years and five months, eldest son of Dr. H. M. Brodrick.

Homœopathy in Cook County Hospital has a strong hold. During a recent change in the Allopathic staff our physicians continued in charge with credit. The new pavillion in course of erection will enlarge our facilities.

The Indiana Homœopaths captured the American Public Health Association, and are making extra exertion to have a grand time in October. Every one of us interested in sanitation ought to be there. They hope to give us free transportation.

Prof. Woodward writes from Gilroy Springs, Cal., under date Sept. 1, 1882. "My wife is much better, but not able yet to undertake so long a journey. This is a glorious country, and our cause flourishes like a green bay tree, all through this region, judging by the number of doctors, hospitals and dispensaries seen and heard from."

"*On High Potencies*" in the last issue, make the following corrections: On page 172, second line from bottom, "detached" should read, detected; on page 173, tenth line from bottom, "stillest" should be stilted; on page 183, near the middle, "chemical" stands for "chimerical"; and on page 191, first line at the top, "untermable" for untenable.
J. W. C.

S. Lilienthal, M. D., gave us a call on his way home from San Francisco. He went west instead of east (to Europe). He looked much improved, and with proper care may be able to work many a long day yet. He is at work on a new edition of his Therapeutics. He related to us an interesting case of typhlitis cured with Nitric acid—a remedy often overlooked in this disease.

What is Science?—"In the discussion of science and art it is well to remember that science is *knowledge* duly arranged." But what is knowledge? "That which is known" by information, experience and observation. Science is the arrangement of *this* knowledge according to "general truths and principles on which knowledge is founded and from which it is derived; a branch of learning considered as having a certain completeness—complete knowledge." Homœopathy can therefore well be called "the science of therapeutics." The trouble with medical men has been that there has been an attempt to scien-

tifically arrange theory rather than knowledge. Experiment is not science, only a method of obtaining knowledge.

Prof. Wm. C. Richardson has returned from a vacation trip in the mountains of Colorado, much rested and improved in health. He writes, "I am busy at a revised edition of my work on Obstetrics, and will be thankful to any of your readers for obstetrical hints of any kind. I want to make this new edition a credit to the school; it will be much enlarged, profusely illustrated, elegantly printed and bound, and up to the times at all points; in fine, a practical and complete work on obstetrics — (a companion volume to *Ludlam on Diseases of Women*, and *Duncan on Diseases of Children*).” Send your hints or suggestions to 721 Chestnut Street, St. Louis, Mo.

Quackery Illustrated; or How a Humbug was Answered.—It has been the custom of quack doctors, who have patent nostrums that will magically cure every conceivable ill that flesh is heir to, to secure names from the registers of hotels at the various medicinal and healing springs, and at places of resort for invalids, then ply the poor afflicted and health-seeking mortals with printed circulars and various other devices to attract their attention, and excite a hope that these wonderful remedies are the result of some occult skill possessed by the "great physician," who alone has discovered the panacea for their particular ills. One of these circulars, dated at Flushing, N. Y., and signed Dr. Prince, fell into the hands of my humorous friend from New York while stopping at the St. James Hotel at Jacksonville, Florida. He has been fighting off the grim monster death for twenty years; had visited the island of Madeira, Nassau, Cuba, and spent many winters in Florida, and had seen much of this quack circular business. With death just at his door, I nevertheless always found him cheerful and full of the dryest and quaintest humor, exciting sometimes to convulsive laughter, when his cadaverous and wrinkled face would assume a painful, quizzical look, seeming to say, "My friend, if I am not understood, and have made a blunder, allow me to rise and explain."

One morning he pulled from his pocket this Flushing circular, and with a very serious face said to me: "Here is a friend who seems to know my case exactly, has kindly inquired about me, and I think it is my duty to answer him. No one ever seemed to see all the points of my case so well as he, and I think he must be able to snatch me from the jaws of this old fellow that I have been battling for the last twenty years. I will try him, anyway, and when I have answered his twenty-two questions I will let you see what I have done, and ask you what you think of my chances in his hands."

The questions were twenty-two in number, and his answers I have written immediately following each one of them, as they occur in the circular.

While he lived I was enjoined from printing this satire upon quackery, but death a few years ago forced him to yield the unequal fight, laying low one of the purest, brightest, and most cheerful souls it has ever been my lot to meet, releasing me from the obligation not to use this little effort of his pen, wrought for his own diversion when recreation and "time-killing" became with him a business, pleasure, and necessity. Peace to the ashes of this most noble friend!!

Here follows my friend's letter to the doctor before commencing his series of replies:

JACKSONVILLE, FLA., 20th Feb., 1889.

Dr. W. R. Prince, Flushing, N. Y.:

DEAR SIR—Having received your kind circular, I am induced to write and consult you about my case, which has proved so obstinate and in many respects peculiar, that I have despaired of obtaining relief from any system of medication or treatment which has hitherto been brought to my notice. I have been so often disappointed when most sanguine of success, that I should hesitate about writing you if my symptoms were not growing urgent and even critical. To go over them in detail would, perhaps, tax your time and patience, and I will, therefore, without further prelimination, proceed to reply briefly to your questions. This I shall do with the greatest frankness, being assured that the confidence thus reposed in you as a medical adviser will not be violated to my injury and mortification in a community where I am well known and, I believe, highly respected. You inquire of me as follows:

1.—Age; complexion; spare or stout; married or single?

Ans.—My age is sixty-six; complexion florid and sandy; weight, 235 pounds; at present I am married, but expect to be single in a few weeks.

2 and 3.—Mode of living; whether temperate or free; animal food—if used in quantity; pork—and if in quantity; occupation—in or out-door, active or sedentary?

Ans.—To these questions I briefly reply in the affirmative.

4.—What previous diseases? Describe them distinctly.

Ans.—I have never had any "previous diseases," and there has been no case of that sort in my immediate family. My wife's uncle had many of the symptoms during his illness, but it was found on *post-mortem* he had died of *subsequent* and not "previous diseases."

5.—If of a scrofulous habit? Is it inherited?

Ans.—I am not of a scrofulous habit. As there is no other way of accounting for it, I suppose it must have been inherited.

6.—Have you erysipelas, salt-rheum, or any other skin eruptions or piles?

Ans.—I have erysipelas, salt-rheum, and several other skin eruptions, but no *skin piles*.

7.—Had your parents either of them skin eruptions? or what were their maladies?

Ans.—Having been left an orphan in early childhood, I have no knowledge of my parents. My foster-parents were much troubled with cutaneous diseases, but as these were all contracted after my adoption, I have presumed that mine were not inherited.

8.—What is the condition of your liver—torpid or otherwise?

Ans.—I cannot state *precisely* the present condition of my liver; when last examined, about two years ago, it was considerably discolored, and it was also torpid, but not "*otherwise*."

9.—What is the condition of kidneys and bladder?

Ans.—My kidneys have given me no particular discomfort. I have always considered my bladder a good deal *too small*, and I wish to call your attention especially to this defect as a source of great inconvenience.

10.—What is the condition of stomach and bowels; whether constipated, indigestion, bilious, irregular, or relaxed?

Ans.—This question seems to imply that the condition of the stomach and bowels is the same, whether constipated, bilious, irregular, or relaxed. I dare say you have found this to be the usual experience, and I may say mine are irregular, constipated, and relaxed.

11.—Have you chronic cough? Do you expectorate mucus? Are your nostrils, throat, ears or eyes, smell, taste, or the memory or mind affected?

Ans.—I am almost always so affected.

12.—Have you seminal emissions, and was "onanism" the cause?

Ans.—I have had no seminal emissions. Although I have been unable to find the definition of onanism, I doubt if that is the cause of my exemption.

13.—Were you ever afflicted with gonorrhœa or syphilis?

Ans.—I have had both these diseases many times, but having taken some pains to contract them, I have never regarded them as "afflictions."

14.—Have you had any gleet, and have you any now?

Ans.—Until recently I have kept a good supply, but just now I am entirely out, and must rely on you if you find my case requires "any."

15.—Do you chew or smoke tobacco?

Ans.—I have left off chewing and smoking, and commenced taking snuff.

16.—Do you use any alcoholic drinks?

Ans.—I do not use any alcoholic drinks, except gin and whiskey. I should prefer brandy if it was not so expensive.

17.—Have you taken any calomel (mercury), or any other minerals or drugs?

Ans.—I have never taken any minerals or drugs.

18.—Have you ever been salivated?

Ans.—I have been often salivated.

19.—Have you any affection of the genital organs?

Ans.—Very possibly; though I don't know exactly what you would call an "affection." The apparatus is a good deal out of order, and I have taken it several times to be repaired. The last doctor who examined it said it was so much worn that it was not worth repairing any more. I should, however, like to get your opinion.

20.—Have you any affliction of the urinary organs?

Ans.—No; none that I am aware of. I think I am all right here if anywhere.

21.—What are the most prominent symptoms of your case, and what is their supposed cause?

Ans.—My symptoms, as you will see, are greatly complicated, one with another. The symptom which is now most prominent, and which I have found hitherto most difficult to suppress, is a tendency to patronize quack doctors.

22.—What is the period that your diseases have existed?

Ans.—I have no disease less than five years old. In fact I have been so crowded that some of the most recent and popular diseases have had no chance. The oldest of my diseases is an *ovarian tumor* I have had about forty years.

23.—Whether any, and what treatment have you adopted hitherto?

Ans.—I have tried every patent medicine that I could hear of, and every Eclectic, botanic, magnetic, Indian, and female doctor in the country. The last doctor whom I consulted was the "Aged physician, whose sands of life have nearly run out." I made haste to send him my money and get his prescription, fearing he might drop off before my application could reach him. I subsequently found, however, that there had been no cause for apprehension, and that the old gentleman had "sand" enough to last him a good many years.

Now I must beg of you, my dear sir, to take my case into immediate consideration. If you can write a word of encouragement, I shall be ready to take you into my further confidence and test your skill. I have no information concerning your rate of charges and terms of payment. My usual custom has been to let the whole thing right out, —so much for the job,—and that would suit me best.

Respectfully and sincerely yours,

P. S.—I refer you in New York to Dr. Benj. Brandreth; Dr. Fitch; Dr. Jacob Townsend, (the elder); Dr. Radway; Madame Da Costa, (healing medium and astrologist), and many others.

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Society Proceedings.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

(Continued from page 284.)

AFTERNOON SESSION.

The society reconvened at 2:30 P. M. The bureau of surgery presented its report through Dr. L. H. Willard, of Alleghany. The report embraced the following papers: "Artificial Urethra," by M. J. Buck, M. D., of Altoona; "Treatment of Anthrax," by Joseph E. Jones, M. D., of West Chester; "Cases Treated in the Pittsburgh Hospital," by W. R. Childs, M. D., of Pittsburgh; "Nerve Stretching," by L. H. Willard, M. D., of Alleghany City; "Penetrating Wound of the Bladder," by L. H. Willard, M. D.

Discussions being in order Dr. Buck mentioned a case of fistula healed by the use of the bougie. Also a case of inferior dental neuralgia in which the symptoms indicated China, which rapidly and permanently cured the case. A case of sciatica of six years standing had yielded to the influence of Silicea in an equally surprising manner.

Dr. J. F. Cooper said that in the case of resection of the supra orbital nerve reported by Dr. Willard, Homœopathic remedies had been carefully tried without avail

Dr. Hugh Pitcairn reported a case of right supraorbital neuralgia of an intermittent character of long standing, which Pulsatilla, in a high potency, cured promptly and permanently.

Dr. Buck suggested that supra-orbital neuralgia is found usually upon the side where the nerve passes through a complete foramen, instead of a groove, and may thus be due to periostitis of the edge of the foramen, then the excision of the bony bridge might effect a permanent cure.

Dr. Dinsmore, of Sharpsburg, described a case of supra-orbital neuralgia where the patient had received a blow over the supra-orbital notch or foramen, leaving a cicatrix. As the man was intoxicated I could get no symptom but pain, gave Spig. 3rd, and in three years there has been no return, relief having followed its use promptly.

Dr. J. W. Allen, of Altoona, had not yet failed to obtain good results in cases of sciatic neuralgia from the indicated Homœopathic remedy. A tubercular diathesis, he thinks, is often the cause of these neuralgias and should be taken into account.

Dr. John K. Lee, of Johnstown, gave some favorable results from *Ant. tart.* in sciatica.

Dr. Hugh Pitcairn described a case in which, after all treatment had failed, the electric current promptly relieved temporarily.

Dr. Caruthers described a somewhat similar neuralgic affection in the crural nerve. Subsequently a post-mortem revealed a reddened and slightly enlarged condition of the nerve.

Dr. Willard considered this discussion to be in order, even from a surgical standpoint, because it helps us to decide how far surgical interference is necessary in neuralgias, traumatic and idiopathic.

Dr. Walker has always treated his cases Homœopathically. He cited an interesting case cured by *Kali bich.*

Dr. Dinsmore mentioned a case cured by the same remedy.

The board of censors recommended C. H. Hoffmann, of Pittsburgh, and C. H. Evans, of Tyrone, for membership, and they were elected.

The report of the bureau of Pædology was presented by Dr. J. W. Allen, of Altoona, including the following papers:

"Intertrigo," by W. Jefferson Guernsey, M. D., of Frankford;
"Cholera Infantum," by the Lehigh Valley Homœopathic Medical Society;
"Clinical Cases," by T. M. Strong, M. D., of Alleghany City;
"Brain Trouble in Infants—Magnesia phos.," by John C. Morgan, M. D., of Philadelphia.

Dr. W. J. Martin named as additional remedies *Laurocerasus*, *Podophyllum*, *Gumma guttæ* and others. He directed attention also to some of the artificial foods in the market, particularly Mellin's and Nestle's foods.

Dr. Walker described a case of cholera infantum in which *Podophyllum* was indicated. Warm baths at a temperature of about 100° repeated three times a day brought temporary relief. Afterwards *Calcarea phos.* seemed to be called for and its use gave excellent results. The food which seemed to serve the best purpose was Can-

field's condensed milk. He mentioned various artificial foods and spoke briefly of their merits in different cases. In the Brooklyn maternity, as he had been informed, Graham flour boiled in water three or four hours and diluted with milk is used to a great extent and gives good results.

Dr. Cooper complained that the condensed milk he used at Dr. Guernsey's suggestion had such a metallic taste that he felt constrained to discontinue it. It was suggested that long contact with the tin can might account for this.

Dr. Dinsmore had obtained favorable results from Canfield's milk after the Anglo-Swiss food had disagreed.

Dr. Betts was sorry that he could not endorse the regular use of any of the condensed milks. He had obtained the best results from good, fresh cow's milk, which he thought it possible to obtain at almost any time.

Dr. Dudley urged the physiological necessity for variation of diet in all cases in which artificial feeding is resorted to.

Dr. Cooper said about twenty per cent. of the babies of our cities will thrive on condensed milk after a certain age. When the caseous portion of the milk passes undigested, milk should be withheld altogether. It occasionally is beneficial to allow a child, suffering with diarrhoea, to suck a piece of bacon. Good results have followed this simple procedure.

Dr. J. K. Lee, of Johnstown, has had satisfactory results from condensed milk. He mentioned a case in which the milk of a young cow had been effected by the "rag-weed" in the pasture and had sickened a child fed upon the milk. The discussion was further continued by several members, and the report of the bureau was then closed. Adjourned until 8 o'clock, P. M.

EVENING SESSION.

The bureau of clinical medicine presented the following papers:

"Diphtheritic Croup," by the Alleghany County Medical Society; "Care of Membranous Croup," by W. J. Martin, M. D.; "Small-pox and Vaccination," by J. H. Marsden, M. D., of York Sulphur Springs; "Aconite in Backache," by W. J. Martin, M. D., of Pittsburgh; "Diphtheria—Thirty-eight Successive Cases," by E. C. Parsons, M. D., of Meadville; "Constipation," by H. N. Martin, M. D.; "Some Reflections on Diseases Which Occur but Once in the Same Individual," by J. C. Burgher, M. D., of Pittsburgh; "Chorea," by the Philadelphia County Medical Society; "Diphtheritic Croup," by J. S. Boyd, M. D., of New Sheffield; "Cases of Peritonitis from Obscure Causes," by A. R. Thomas, M. D., of Philadelphia; "A Case of Intermittent Fever," by J. C. Morgan, M. D.; "Rheumatic Meningitis," by C. F. Bingham, M. D., of Pittsburgh.

On motion the discussion was limited to diphtheritic and membranous croup.

Dr. Dinsmore, of Sharpsburg, had had three cases of diphtheritic croup in the last two years. One recovered under Kali bich. and fumigations. The second underwent tracheotomy, but died. The third case was also fatal.

Dr. W. J. Martin said that the Bromine he used was the third dilution and was alcoholic.

Dr. Graham had had one case of diphtheritic and one case of membranous croup during the last twelve months. The usual remedies were used at the outset of the first mentioned case, and when the trachea was invaded, Kali bich. 2x was given, and recovery followed. The other case was almost an articulo mortis when first seen. Kali bich. did no good; Bromium also. Tracheotomy was performed and the child got well. Chloroform was used during the operation.

Dr. H. J. Evans, of Tyrone, cited a case in which Spongia was apparently indicated, but other remedies failing, Bromine was given by inhalations, the drug being vaporized under a tent constructed over the child's crib. Cured.

Dr. Pitcairn reported three cases, with one recovery.

Dr. Buck mentioned a case on which he had operated for an Allopathic physician in the country, using the "low" operation. The case recovered. Another case on which he operated died before the operation was completed. He had also had four cases of tracheotomy in diphtheritic croup of which all died, the cause of death being suffocation. Chloroform was administered in all the cases and appeared to act remarkably well.

Dr. Dudley had one case of membranous croup on which tracheotomy was performed without avail. The case died some five or six hours after the operation, suddenly, from suffocation. He also mentioned a post mortem he had made on a case in which the only discoverable cause of death was a fibrinous heart clot.

The bureau report was then closed, after which the society adjourned till nine o'clock.

THIRD DAY.—MORNING SESSION.

The society assembled at 9.30 o'clock. President Morgan occupied the chair and in opening the meeting suggested that there should be some organization of the lady friends of the members, with a view to encouraging their attendance at the meeting, and securing their enjoyment during the session.

The bureau of gynecology reported through Dr. B. F. Betts, the chairman of the bureau, the following papers:

"Observations in the Woman's Hospital, of New York," by J. C. Morgan, M. D.; "Mammary Carcinoma," by J. C. Burgher, M. D.; "An Interesting Case of Aphonia," by J. H. Marsden, of York Sulphur Springs; "Clinical Observations in Gynecology," by B. F. Betts, M. D.; "Gynecological Appliances," by J. C. Morgan, M. D.

The further consideration of the bureau report was then deferred for the present.

Pending the presentation of the report, Dr. Hugh Pitcairn announced that the Pennsylvania and Bell's Gap railroad company had tendered the society a complimentary excursion to Bell's Gap. On motion a vote of thanks was tendered the companies for the courtesy.

The bureau of pathology and pathological anatomy offered the following essays: "Meningeal Myelitis," by W. K. Ingersoll, M. D.; "Fibro-rabdo Myoma of the Kidney," by C. M. Thomas, M. D., of Philadelphia; "Cystic Sarcoma of the Cerebellum," by C. E. Toothaker, M. D., of Philadelphia; "Duodenal Disease," by C. R. Norton, M. D., of Philadelphia; "Minute Changes in Subacute and Chronic Parenchymatous Nephritis," with micro-photographic illustrations, by C. W. Goodno, of Philadelphia.

The report was accepted and referred to the committee of publications as usual.

The suggestion of the Philadelphia County Society, that steps be taken to secure Homœopathic representation in some of the state hospitals for the insane, was referred for action to the committee on legislation.

A vote of thanks was tendered to the *Altoona Tribune* and to Dr. Hugh Pitcairn as its representative, for the publication of the reports of the society's proceedings.

An election for the purpose of choosing officers for the ensuing year with the following result:

PRESIDENT—Pemberton Dudley, M. D., of Philadelphia.

FIRST VICE PRESIDENT—Hugh Pitcairn, M. D., of Harrisburgh.

SECOND VICE PRESIDENT—C. F. Bingaman, M. D., of Pittsburgh.

RECORDING SECRETARY—T. M. Strong, M. D., Alleghany City.

CORRESPONDING SECRETARY—R. E. Caruthers, M. D., of Alleghany City.

TREASURER—J. F. Cooper, M. D., of Alleghany City.

NECROLOGIST—W. R. Childs, M. D., Pittsburgh.

CENSORS—E. C. Parsons, M. D., of Meadville; D. M. Graham, M. D., of Altoona; Maria N. Johnston, M. D., of Philadelphia.

Philadelphia was selected as the next place of meeting; the time to be during the latter half of September, 1883, and the Philadelphia County Homœopathic Medical Society was constituted a local committee of arrangements.

The president announced the bureaus for the ensuing year, after which the report of the bureau of gynecology was called up and the report accepted and referred.

A vote of thanks was tendered to the retiring officers; also to the proprietor of the Logan house for special courtesies and accommodation.

Some other general business was transacted, after which the society adjourned.

During the afternoon the members participated in the excursion to Bell's Gap, so kindly tendered, and heartily enjoyed the occasion. In the evening most of the members left for their homes.

Consultation Department.

MORPHINE HYPODERMICALLY.

In the last INVESTIGATOR (Sept. 1), Dr. De Muth offers some more advice to the much-advised G. B. S., but the doctor commences his advice to the fraternity too early in his career. I do not now remember what the nature of the case was in which the question of Morphine played such an important part, but it certainly must have been an unusual one if the indicated remedy could not do better work than all the Morphia in Christendom. Twenty-one years of active professional life have brought me face to face with the alternative Dr. De Muth deems so very common twice only—once the drug was used at the request of the patient, himself a doctor; and once because the sufferings could not, in the nature of things, be relieved otherwise; the patient was dying from carcinoma. It will do for the novices in our art to question the potency of the indicated remedy. Those of us who have had experience know that there are few if any acute spasmodic conditions that will not yield as quickly to the proper remedy as they will to Morphia. Nay more, the relief from pain, under an opiate, is not significant of a cure or change as to the lesion causing the pain. The pain is, in a sense, still then, and if the efforts of the drug happen to pass off simultaneously, there is a permanent damage to the sufferer, as the cause of the pain had "got in its work," and put an inefaceable stamp on the organism under its influences. The remedy will work quicker and better inasmuch as it works a cure and no lesion is left. Does the doctor say, as thousands do say, we cannot carry enough materia medica in our heads to feel sure of a remedy upon such sudden emergency? Well, then, admit that as the reason, and try to put some "emergency" indications in your head; it will pay better, both to the doctor and to Homœopathy.

DETROIT, MICH.

J. G. GILCHRIST.

MEMBRANEOUS DYSMENORRHOEA.

In the July 15th number of THE INVESTIGATOR, I noticed a case reported by H. C. Hullinger, M. D., of membraneous dysmenorrhœa, which interested me very much, as any suggestion of experience which a physician can make, that can be an aid, will be admissible to the profession. I will give the doctor my experience in treating similar cases to the one above mentioned. First, the history of all abnormal conditions must be considered. The primary cause which has developed the chronic form, the constitutional tendency and surrounding influences most readily developed as a sequel to those primary conditions. It has been my experience that any

course of treatment without due consideration to primary causes, is generally followed, with only palliative results. The perceptible symptoms often are no guide to the primary condition as a basis of the disease developed. The case reported, has so far only realized a relief by treatment.

What are the conditions to be arrested, overcome? First a reaction must be established, the circulation equalized; nature is not equal to the emergency, as a partial hypertrophy and membranous exudation verifies. Many of the aggravated symptoms are the result of a violation of "nature's law," and point to the cause, while others are of only trifling importance. The treatment, were the case under my charge, would be for the first month quite positive, and some of the profession might say too positive. To realize favorable results, it must needs be positive, and the patient will be the principle factor in the result, of a cure verified in due time, and that is what we desire for our patients, if possible, a restoration to health.

The formula as prescription for first month would be, Bell. 10th dilution. 4 gtts.; Rhus tox. 2x, 5 gtts.; a dose morning and evening, in a teaspoonful of water.

Aconite 6th dilution, 4 gtts.; Gelsemium 3x, 5 gtts.; three doses during the day, two hours after meals. This prescription I should continue for three weeks. The week preceding menstruation, should change the formula somewhat, giving Aconite and Ignatia 2x, 5 gtts., a dose three times during the twenty-four hours, and Bell. and Rhus tox. at bed time, continuing the last prescription during the period of menstruation. If suffering very much, we should give Aconite and Colocynth, dropped in a little water, in alternation with Veratrum album; every hour, or half hour, according to the severity of the symptoms (the last remedies I have proven, repeatedly). Often Cimicifuga is indicated in place of the Veratrum.

After the first month some of the remedies perhaps can be omitted, if during menstruation, the character of the discharge becomes more normal. The remedies in triturated form, may be indicated. I have found that the dilutions, are more satisfactory in their results, for a short time, at least; we must be governed, too, by the conditions of patient, that is her susceptibility to remedies, and the sooner a reaction is established, the sooner a favorable crisis in the disease will be realized. Let us be free to note all favorable proofs in remedies or treatment in any way, that can be of an appreciative relief, to suffering humanity, and not keep our *experience under a bushel*, from motives of selfishness or heedlessness.

Mrs. Dr. M. D. WILSON.

Post-graduate Course.—The editor of the *New York Medical Record*, under date of May 6th, says some forcible words on this subject, which every one should read: We would be glad to see our young practitioners enjoying the advantages of a post-graduate course, and we are sure they would reap more practical benefit from it than from the same time given to study during any part of their course. Let us hear more about it."

Sanitary Department.

VACCINATION LAST WINTER.*

BY D. H. BECKWITH, M. D., CLEVELAND, OHIO.

(Continued from page 320.)

GOOD VACCINATIONS.

J. F. Mars, of London, says: "There should not be more than one failure (in primary vaccinations), of one hundred and fifty cases vaccinated, where the lymph is good, and it is performed by an experienced vaccinator. Several large stations where vaccination is well performed, and where accurate records are kept, they reach one hundred and seventy successful to one failure." If this statement be true, and we have no reason to doubt it, the physicians that I have named, including myself also, are not competent to vaccinate, or else we have been using virus that is inert and unreliable. As it requires but little skill to vaccinate, the conclusion must be, that the virus is at fault. In January, 1882, I vaccinated a young man who had been vaccinated in childhood. I was thorough in my work, as his father was living in Pittsburgh where small-pox was very prevalent, and he was in dread that he might contract the disease from clothing worn by his father. On the twelfth day, after the first operation, he returned, and I used two points, one on each arm. These had no effect. In March, he had a slight attack of varioloid. I believe that if the virus used had not been worthless, Cleveland would have had one less case of small-pox to report.

Dr. E. J. Kenff, of Ferdinand, Ind., writes to the *Louisville Journal*, February 17, 1882: "After using bovine virus in the form of points, quills and cones from three vaccine producers, I succeeded in obtaining two fine vesicles, and

*Read before the American Institute of Homœopathy, June, 1882.

having such unsatisfactory results from bovine virus, and as these scabs could be relied upon, I concluded to try them. Dr. Seiber and myself vaccinated two hundred and twenty-seven persons with this humanized virus with only one failure. One hundred and ninety had never been vaccinated.

TRANSMISSION OF TUBERCULOSIS BY VACCINATION.

At a meeting of the Academy of Science, August 1, 1882, M. Toussand communicated the following in regard to his investigation into the microbial nature of the tuberculosis: "In cultivating these organisms, I have found that two drops of the fourth artificial cultivation inoculated into pigs rendered them speedily and completely tuberculosis." He then vaccinated a cow in the advanced stage of tuberculosis with lymph absolutely pure. The vesicle progressed normally, and with the lymph obtained from them, he vaccinated different animals; all of them became absolutely tuberculosis. The significance of these experiments can scarcely be over-rated, for though a judicious vaccinator would not use lymph taken from a child who exhibited already evidences of the disease, the chances of cows in whom spontaneous vaccina may appear, and whose lymph would be at the present time eagerly sought after, being like so many of the species tuberculous, are great, and it would seem in consequence that the dangers of animal vaccination may be greater than those of human, which are supposed to be avoided by having recourse to the cow."

Dr. Simon, of England, says: "When a given animal body is possessed by one of these constituents, scrofula, syphilis, etc., no product of the body can be warranted safe *not* to convey the infection."

Dr. Creighton, of Cambridge University, gives the history of twelve cases of bovine tuberculosis in human beings, the disease being a more rapid form of consumption than that peculiar to man.*

Dr. Koch, of Berlin, reported to the Council of Health,

Medical Times and Gazette, September 8, 1881.

March 24, 1882, that in his recent investigations and discoveries of the cause of consumption, he found that, by inoculation, he could induce tuberculosis in any animal. The parasite producing it he named bacillus tuberculosis; that these bodies are found in the bodies of cattle in the so-called pearl disease, which has long been suspected to be the same disease as the tuberculosis of man."

Dr. Lungren, Toledo, O., says, June 6, 1882: "In sending you the following description of the case, I will give you the history as detailed to me by the parents of the child, and will leave you and the members of the Institute to draw the inference from the facts, as to the *cause* of disease in question.

Miss Nagly, aged five years and six months, entirely well up to the period of vaccination.

January 18, 1882. The arm began to get sore in five or six days, but not notably so, while the arm of a brother, vaccinated at the same time, became very sore on the third day, and continued to ulcerate for six weeks. No umbilicated crust was formed; simply a large, yellowish scab from under which pus issued for the period mentioned.

The girl had rounded, raised, dark-looking scabs, somewhat in the shape of the rounded head of a brass tack. Both marks, when examined three months afterwards, did not present evidences of true vaccination; on the contrary, were decidedly spurious. Some five or six days after the insertion of the virus, the child, in the words of the parents, "began to lag," and they thought she had worms. In two or three weeks she began to cough, at first at night only; coughed up a clear mucus, although the cough was rather dry; her attending physician called it "dumb ague," and gave her large doses of Quinine. His treatment was continued for six weeks. The increase of alarming symptoms were so gradual that her physician would not admit any serious disease was present, but at this time, said she looked as if she had consumption, but could not see how she could have it. Three weeks later, I examined the case with great care, in consultation. Having a full detailed history, I decided

it was one of miliary tuberculosis, and gave a decidedly unfavorable prognosis. The pulse at that time, and for several days after, was 112 to 118: temp. from 102° in the morning, to 103° in the evening; appetite generally good, sometimes ravenous, although the tongue was red and somewhat dry, more especially in the evening. Decided dullness on percussion over both lungs. Drs. S. R. and D. H. Beckwith being in the city were requested to see the case. After a patient examination, and having the history detailed, with a thorough questioning of the antecedents of the family, when it was shown that there was no hereditary phthisis from either parent, they both decided that it was a case of blood poisoning. The child died three weeks after I was called, and I was permitted to make a *post-mortem* examination. Found both lungs completely filled with miliary tubercles some tuberculous spots on the liver, from the size of a hemp seed to that of a pea. There was no enlargement of the mesenteric glands and no other points of special interest shown. I trust that you will be able to get a decided expression of opinion upon the question of bovine virus, humanized virus, and whether the propagation of the former may not cause us unknowingly to be the innocent distributors of a poison through the human family, whose effects may be more disastrous in its ultimate result than small-pox itself, and make us, in the near future, wonder whether the discovery of Jenner was a blessing after all.

In the March meeting of the Jackson County Medical Society of Ohio, Dr. Openheimer reported a case where he vaccinated a girl eight years of age, with the so-called pure bovine virus. "Eight days afterwards, a varioloid eruption broke out all over her body, not very thickly, but with large umbilicated pustules—especially thick on the scalp, accompanied with considerable fever. In two weeks afterwards, he was called to see two more children of the same family who had contracted the same disease. The children were all distinctly marked where a pustule had been."*

I have visited several slaughter-houses the past two

*Louisville Medical Journal.

months, and am informed by the proprietors "that in young cattle adhesions are occasionally found; but only in old cows are lung diseases developed, and we should judge that about one in fifty had diseased lungs." Within the past three months I have written to producers of cow-pox virus, making the inquiry why so many points were worthless, and why so many cases of vaccination acted so severely on persons vaccinated. In no instance was a satisfactory answer returned.

I find in the *North American Review*, April, 1882, an article from the pen of Dr. H. A. Martin, who first introduced bovine virus in the United States. He says: "I have never had the slightest reason to suspect, in a single instance, that vaccination had in any way impaired, or deteriorated, human vitality. I have never known, among those whom I have vaccinated, a single case of small-pox, in any form or modification, except a certain limited number into whose system the germ of the disease had entered before the time of vaccination." He further says, "that in one year he made nearly 11,000 vaccinations." As Dr. Martin has been a vaccinator and producer of bovine virus for over twelve years, it is safe to infer that he has vaccinated 50,000 to 75,000 people. Dr. Martin could not have been a close observer, or he would not make statements that are so unreliable; so contrary to all physicians' experiences and observations, not only in this country, but in all Europe. His statements are so contrary to all experienced vaccinators, and to all authors who have written on the subject from the date of its discovery by Jenner (and the first vaccination, May 14, 1796), down to the present time. No doubt the article written was not intended for the profession, but to advertise his own productions for his own pecuniary benefit.

Let us make a comparison between the salesmen and purchaser who used Dr. Martin's virus for vaccination:

A prominent physician of Boston writes, April 14, 1882, as follows: "I had so much trouble with Dr. Martin's virus, sometimes, in not being able to make it take with infants,

and again with such bad arms resulting, that I have not used his virus for the past three years."

April 20, 1882, another prominent physician, of Massachusetts, says: "Several years ago I ceased using virus from Dr. Martin because of the unsatisfactory pustules formed, and because of septicæmic conditions which frequently ensued." Several letters were received from physicians who had used Dr. Martin's virus with unfavorable results. Dr. Martin is like other tradesmen, he must advertise his goods as reliable, pure, never failing, never producing disease, nor lessening "human vitality."

June 6th, I secured a crust from Dr. Pettet, which was examined by D. A. Moore. He says: "It consists almost wholly of lymph corpuscles; occasionally a small fragment of hair is met with, and very rarely a blood corpuscle. Epithelial cells and fragments of connective tissue, are occasionally seen, and in one or two fields a small fragment of cotton fibre." If crusts had been furnished to the profession during the past year as reliable as the one obtained, the board of health would not have discontinued the use of Cleveland virus.

In Cleveland we have a producer whose virus is sometimes unreliable. On May 12, 1882, "the Board of Health decided that the virus, which had been furnished the city by Dr. Pettet, was considered in its results unsatisfactory."

SMALL-POX AND ANTI-VACCINATORS.

There is a strong feeling growing in public sentiment against vaccination. The people are losing confidence in the efficacy of bovine virus, and anti-vaccinators are distributing their writings freely all over the world, denouncing vaccination as one of the greatest evils in existence. I briefly allude to one of that number, Henry Bergh, who is known all over the world as the founder and president of the New York Humane Society, and for the great good he has done in his noble work, he is entitled to the respect and gratitude of all. He has mistaken his call when he attacks vaccination in an article written for the *North American*

Review, and published in the February number, 1882, "The Lancet and the Law." I should not call your attention to it were it not that it has been copied by the press and sent broadcast in all directions to the public. In his article he strongly and extravagantly denounces the Jennerian method of preventing small-pox. But in attempting to discuss that subject, Dr. Bergh is evidently dealing with matters not within his jurisdiction. He is evidently not familiar with the science of pathology, nor does he make unquestionably honest issues of his statistics. One illustration among his many, must suffice. He says: "In the city of Berlin, in 1871, there were 17,020 cases of small-pox, whereof 14,287 were of vaccinated persons; 2,733 of unvaccinated;" and there he drops the subject as though it were conclusive against vaccination. This is wrong; every one knows that all the people, or nearly all of them, are supposed to be vaccinated in Germany. The wonder is that an epidemic of small-pox could find in the whole empire 2,733 unvaccinated persons. As a matter of course, the vaccinated must have a great majority. But does Dr. Bergh, show how many were protected and escaped? Does he show the ratio of mortality in the two classes he named? No, not he; it would show the fallacy of his statement all too plainly.

If the statistics had been given as the following, they would have been of some value for or against vaccination:

In the past year, the Board of Health of Pittsburgh reports 1,578 cases of small-pox. Of this number, 822 had been vaccinated; 639 not vaccinated; 117 not stated. There were 448 deaths. Of the 822 vaccinated, 58 died; of the 639 not vaccinated, 364 died. Of the 117 not stated, 26 died. Showing the death rate of the vaccinated to be 7 per cent.; non-vaccinated to be 57 per cent. In the Municipal Hospital, 238 were vaccinated and 12 died, or five per cent.; of 159 not vaccinated, 96 died, or 60 per cent.*

In Cleveland, from May 1, 1881, to May 1, 1882, there were 29 cases of small pox and 4 deaths. So few cases

*I am indebted to Dr. T. M. Strong for valuable information from Pittsburgh and Allegheny City.

occurring in this city, is no doubt attributed to thorough vaccination done in 1880. Twelve of the cases were imported from Chicago and Pittsburgh. Two children died unvaccinated, or not until small-pox was developed.

Case 3 was seventy-eight years of age, and died in six hours after his disease was known to be small-pox.

Case 4 was a negro who died in a few hours after the health officer was called to attend him. No means of knowing whether he had been vaccinated or not.

The nationalities of those attacked were, thirteen Americans, seven Irish, six Germans, one English, one Bohemian, and one African.

The disease was not confined to the lower classes, nor to those who lived in the filthiest portions of the city. Cases occurred in nearly all quarters of the city, and were immediately quarantined, so that there was but little opportunity of spreading the disease. The health officer's record makes no mention of the vaccinated and non-vaccinated. The report of the Riverside Hospital states that "In view of the efforts recently made to throw doubts on the efficacy of vaccination, superintendent Day reports on the value of vaccination as follows: During the month of January, 1882, there were admitted to the hospital 166 cases of small-pox in various degrees of severity. During the same period, 48 deaths occurred in the *institute*. Of the 166 patients—vaccinated, 85; not vaccinated, 75; no history in regard to vaccination, 3. Of the 48 persons who died, only one had been vaccinated; forty-four *deaths* were of those *unvaccinated*; 3 deaths, no history obtained. Of the 85 that were vaccinated, 77 were of a mild type, and none were of a confluent hæmorrhagic type. Of 78 unvaccinated, 20 were discrete; 29 semi-confluent; 7 semi-confluent hæmorrhagic; 9 confluent hæmorrhagic.

In 1878,* in the Northwestern Province of India, there were 5,800 deaths from small-pox. All attempts to introduce vaccination failed. The *Thakens*, a tribe that practiced infanticide, finally consented to have the female child-

*Allgm. Deutsche Zeit., Brazil.

ren vaccinated, hoping to rid themselves of an over-supply of girls. None of the boys were vaccinated. A short time afterwards, small-pox broke out in forty of their villages. Nearly all the boys died, whilst the girls escaped the disease. This unlooked-for termination induced the natives to resort to the opposite practice; compelling the boys to be vaccinated, whilst the girls were left unprotected. In some instances children were concealed so as to escape vaccination. In almost every case they died, whilst those vaccinated escaped the small-pox.

The health officer's report in San Francisco, June, 1881, says there has been only ten or twelve cases of small-pox occurring in the children vaccinated there the past five years.

Dr. Gayton, England, superintendent of the small-pox hospital, had 7,425 cases of small-pox in the Homerdred Hospital. Vaccinated 4,859; died, 379—equals 7.6 per cent. Unvaccinated, 1,689; died, 754—equals 44.6 per cent. Doubtful, 877; died, 244—equals 27.8 per cent.

Children under ten years of age thoroughly vaccinated, admissions, 100; died, none. Medium vaccinations, admissions, 84; died, two—equals 2.38 per cent. Indifferent vaccinations, admissions, 198; died, 6—equals 3.3 per cent. Badly vaccinated, 280; died, 35—equals 12 per cent. Unvaccinated, 924; died, 442—equals 47.8.

Eleven mothers were admitted to the hospital, nursing infants with small-pox. These mothers had been vaccinated when young, and were immediately revaccinated. None took the small-pox.

I recollect that about the year 1843, anti-vaccination was agitated. Small-pox broke out in Monroeville, O. D. L. Cole, M. D., had five children that were never vaccinated. He denounced the practice; nor did he believe small-pox was a disease so contagious as represented. After visiting a patient who had small-pox, he returned home without using any precaution in regard to his clothing. The children all took the disease, three of whom died.

The *British Medical Journal* of a recent date says: "The wickedness of encouraging the anti-vaccination agitation

could not be more strikingly proved, than by alluding to the outbreak of small-pox in Rotherhithe. A leading anti-vaccinator, Escott by name, who had none of his children vaccinated, had lost his wife and two children by small-pox, and two others have had the disease. Escott spread the disease to nearly every house in the neighborhood, and sixteen persons had been removed to the hospital. The two oldest children of his family had been vaccinated in their infancy and escaped."

QUALITY OF LYMPH.

Lymph for vaccination should be removed from a regular vesicle about the seventh to ninth day after the operation is performed, then the vesicle should be fully formed and plump.

Pure lymph is transparent and has a certain amount of viscosity; from the twelfth to the fourteenth day the fluid in the vesicle contains pus produced by the breaking down of the cellular structure of the pock. "Children of complexion not too florid, with a thick, smooth, clear skin, yield the finest and most effective lymph." Heifers from six months to one year old, that have been well fed, are fleshy, with smooth, glossy hair, produce the best bovine lymph. I prefer lymph that is from 1 to 4 removals from the heifer, providing the children, through which it is transmitted, are healthy, having no hereditary taint in their systems, and shall in the future use such lymph in preference to bovine, unless requested to do otherwise by parents of the children that are to be vaccinated. The virus, a few removals from the cow, does not act so severely on the patient and is just as efficacious.

DESCRIPTION OF A GENUINE VESICLE.

On the third day after vaccination the puncture looks red and inflamed. On the fourth or fifth day the vesicle becomes perceptible, a pearl-colored elevation of the cuticle enclosing a small quantity of a thin lymphoid liquid. On the sixth day the vesicle becomes umbilicated, a depression in

the centre, and is surrounded by a narrow ring of inflammation. On the seventh and eighth days the vesicle increases in size, and on the ninth day it has reached its highest degree of development. At this stage the pock is about one-third to one-half inch in diameter, and projects from one-sixteenth to one-eighteenth of an inch above the surface. Its shape is, as a rule, circular, though sometimes oval. The vesicle consists of small cells from eight to fourteen in number; from each cell lymph may be obtained. On the tenth or eleventh day the areola begins to fade, passing through a bluish shade as it declines, leaving a degree of hardness for two or three days. On the twelfth to thirteenth day a mahogany crust has formed over the vesicle of a circular shape; this becomes gradually harder and darker and passes away by the twentieth or twenty-first day. *Slight deviations may occur from the description given of a reliable vesicle which does not lessen its value. But the one important, practical fact is, that a vaccination presenting much deviation from a perfect vesicle and the regular development of the areola, is not a protection against small-pox.*

RE-VACCINATION.

If a child passes through the stages of vaccination, having a genuine vesicle, it will be the only one that can be produced, except it be spurious. A genuine vesicle should leave a cicatrix, slightly depressed, marked by radiating lines with a well defined edge, and dotted with little pits which seem to correspond to the cells of the vesicle. It is not easy to say that the vaccination has been successful, and there may have been changes that might destroy the protecting influence. To guard against any change that might deteriorate the value of the vesicle, the other arm should be vaccinated in five or six days. If the system was properly affected by the first vaccination the second will appear with the inflammatory system as soon as the first. If the second vaccination runs a regular course, the case should be tested by a third vaccination.

Dr. Warlomont, director of the State Vaccine Institution

at Brussels, says: "When a child is brought back at the expiration of the first seven days, if it be re-vaccinated on the spot, even with its own vaccine lymph, it may be there will be a fresh eruption, feeble for the most part, but occasionally showing all the signs of classic vaccinal pustule. Hence, the necessity of fresh insertions until the complete exhaustion of vaccinal receptivity, and I have decided conviction that if all children were thus vaccinated, the immunity from small-pox would be much greater than at the present time; and from my constantly having put it into practice, that my success has been so constant and the result of my vaccinations so thoroughly satisfactory."

If children could be vaccinated at the proper time with pure reliable bovine or humanized virus, and have it done by experienced physicians that know what a genuine vesicle is, the ravages of small-pox would not extend throughout the country as it has done the past year. Every medical college in the land should instruct their students when and how to vaccinate children, and when not to vaccinate; the quality of good lymph and how obtained; and what constitutes a reliable vesicle. If boards of health would act more judiciously and thoroughly in their work in abating diseases, the people would soon be educated to look upon them as protectors.

For example, Cincinnati had, from January 30, 1881, to May 6, 1882, 2,298 cases of small-pox. Twenty-eight physicians, paid by the city, and supplied with bovine virus free of charge, were on duty in all parts of the city. Quarantines were established. State and city laws gave the health officer such power to act that small-pox should never become an epidemic, providing bovine virus had been reliable, and vaccinators performed their duty. The business men of Cincinnati attributed the spread of small-pox to the Board of Health. On May 8, 1882, the Chamber of Commerce publicly demanded a new health officer, in the place of the one then holding that position.

I have cited cases from five physicians of Indiana that re-

port running sores, varioloid, spurious vaccinations, all using reliable bovine virus, so-called.

With these facts before the State Board of Health, they issued an order to take effect January 1, 1882, as follows: *Order No. 3.*—"All children born within this state shall be successfully vaccinated with reliable bovine virus one year after birth."

Does this Board of Health suppose that the people will submit to an order that gives them no protection? Do they expect that parents will allow virus that may contain blood poison, to be introduced into the arms of their little ones? Will the people submit to an ordinance or law which, if complied with, might produce diseases tenfold worse than small-pox. A refusal by nine-tenths of the people of this state to comply with order No. 3, in my opinion, will be the answer, unless there be some means by which pure and reliable bovine virus can be obtained, or humanized virus will again be introduced.

Mr. Smith, of Illinois, last winter introduced a bill in the National House of Representatives to provide pure vaccine virus for the people free of charge. We regret the bill did not become a law. I firmly believe that National Legislation is the only way that will protect the people from impure virus from the producer. A law that would enforce fine and imprisonment for selling inert or spurious virus, would soon give us protection.

The United States should have for her people free vaccination and pure virus without "money and without price." The National Board of Health should have power to instruct and enforce state and local boards to comply with sanitary rules relating to producing bovine virus. They should require of local boards to examine all cattle before inoculation, and to have the vaccine lymph removed at the proper time.

The Belgian government employs a physician to produce the virus used, and so successful has it been that for the last thirty months only fifty-five deaths from small-pox has occurred in Brussels, which has a population as large as Cin-

cinnati and Pittsburgh combined. Let the production of bovine virus be under the supervision of National and State governments, with proper laws, and then the people will not suffer with sceptic poison.

I would recommend a law requiring every physician to report to the board of health, or other legal authorities:

First. The name, age, sex and residence of every child vaccinated.

Second. The source of the virus, and whether humanized or bovine.

Third. To state the character of the vesicle obtained, genuine or spurious.

In case the vesicle is not typical, the physician should be required to re-vaccinate until a genuine one is produced.

Race in its Relation to Surgical Operations.—The black races and oriental nations sustain injuries and operations best; next stand the Anglo-Saxons; and, according to M. Chauffard, the Latin race is as far behind them as they are behind the black race. The immunity of the Chinese and Japanese to mortality after operations is remarkably shown by the various reports of medical officers serving in the East. It is stated that pyæmia is a rare occurrence among the Chinese, and in a recent report of 138 operations for lithotomy performed on persons of all ages and occupations, from two years old to eighty, but eight deaths occurred. A similar immunity is said to be enjoyed by the Japanese in regard to pyæmia, septicæmia, tetanus, erysipelas. In our own country, the negro generally bears injuries and operations well provided that he has not been exposed to the after vicissitudes of cold and dampness. This was remarkably shown in the experience of the negro brigades during the late American war. According to the observation of the writer, when these soldiers, injured in battle, were cooped up in overcrowded and overheated hospitals, they did well; when, however, removed to well-ventilated pavilion hospitals, and placed under such hygienic conditions as are most favorable to the white American soldier, they did badly, suffering severely from intercurrent pulmonic and other acute inflammations. The Irish, from their peculiar mental elasticity, also bear operations well, and so do the more phlegmatic Germans. The American is not so good a patient; his activity of mind renders him restless and impatient of restraint; he looks anxiously forward to the end of his convalescence, and not infrequently ventures out of doors too soon, and thus hinders his own recovery.—J. H. Brinton, in *International Encyclopædia of Surgery*.

Therapeutical Department

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

JACKSONVILLE, Fla., Sept. 18.—Health of the city excellent, except some dengue fever. Not a death the past week ; pretty good for 8,000 inhabitants. H. R. STOUT.

EXPERIMENTS WITH VERATRUM VIRIDE.

In August 1st number is an article by "An Anxious Student," in reference to indications for *Veratrum viride*. I have used this remedy eight years, and have found it a never-failing remedy when indicated, Homœopathically, (1) in acute pulmonary congestion and inflammation, with a very hard, full, quick, bounding pulse, the artery so tense as to be pressed down into the wrist; but is not compressed by the pressure, and in these cases the pulse usually runs up rapidly to 150 to 160 in adults and to 144 to 192 to the minute in infants and children, with very quick, rapid breathing. In children in the stage of inflammation, inspiration is very painful, and is quickly cut short, and the air expelled with a short catch, or grunt, to relieve the tension upon the serous membranes, and stop the pain. Here *Veratrum viride* in one-quarter to one-half drop doses for children, and one drop doses for adults every hour relieves very promptly.

(2.) In puerperal fever with peritonitis, patient very restless, with a similar pulse and high, the abdomen hot, tympanitic, and painful—it is the best remedy, in my estimation, in the materia medica.

It is only with acute congestion of the arterial system and the serous membranes and in erysipelas that I have found it

indicated or beneficial. I have never derived any benefit in typhoid or malarial fevers, unless complicated by pulmonary congestion and inflammation. I have tried repeatedly to control the action of the heart in uncomplicated typhoid fever, but always had to use Baptisia or Gelsemium; but when indicated by its characteristic symptoms, according to Drs. Burt and Hale, it has never disappointed me.

In the heroic doses mentioned in the article referred to, I should expect nothing but fatal results. A case is reported to have occurred in this vicinity, about five years ago, in which the physician directed five drops to be given every four hours, and in case a certain result was not attained after three doses, to double the dose. The patient, a strong young man of about eighteen years of age, was given ten drops instead of five, and the dose was doubled as directed. The patient died, so it was reported, from the effect of *Veratrum*. I have never failed to obtain prompt relief from the doses given above of Norwood's tincture, or Merrill's fluid extract reduced two-thirds, to about the strength of Norwood's tincture.

I think if Dr. Norwood, or any one else ever gave two, or even one ounce it must have been a worthless article, or death would certainly have been the result.

Sept. 11. Since commencing this article, I was called Aug. 10th to a case in complete accord with the subject. Mrs. B., at Sedgwick, ten miles away, had been confined five days before; was neglected by her attending physician (a Regular); was taken with very violent puerperal peritonitis, and tending to mania. I prescribed Acon. 3x, Bell. 3x, and Verat. 1x, in the hope to arrest it promptly in that early stage, but was telegraphed for next morning; and arrived about 10.45 A. M.; found my patient with violent fever; temperature, 105.8; pulse, irregular, but very full, hard, and tense, 144 to 170, with a very excitable delirium; and notwithstanding my instructions the day before to keep her clean, and to use a solution of Carbolic acid warm as a disinfectant, there was an extremely putrid odor from the lochia, and the whole bed was impregnated

with it. With the assistance of attendants, I removed her to a sofa, had her sponged from head to foot, and clean clothes put on, and the bed changed entire. By this time she was alternately screaming at the top of her voice, or swearing violently, or using vulgar language, and throwing, or kicking with both feet the covering off. I had been giving Bell. 3x. I now gave Hyos. 3x, which in the course of an hour quieted the wild raging delirium. But the pulse and temperature were changed but slightly, although two ladies were constantly sponging the spine, and limbs, and extremities. I commenced giving *Veratrum viride* tincture, two drops every fifteen minutes in water; in another hour there was a very fetid putrid odor from the breath, and evidence of strong septicæmia and a fatal issue. Oh, how I longed for one of those *clearly defined, well indicated, single remedies* that would alone cover all this condition, but I did not have it, or if I did, I was not wise enough to know it; and while *Veratrum* was reducing the temperature and pulse, it was not stopping this putrid, typhoid, septicæmic condition, and as I have entered the confessional, I might as well make a clean breast of it. I put twenty drops of Bapt. tincture, ten drops Ars. 7x, and ten grains Salicylate soda pure in half a glass of water, all in the same glass, and gave three teaspoonfuls every hour. My patient begging for water every five minutes, I sat over her all day giving the Bell. or Hyos., as the raging madness began to show evidence of returning, giving the *Veratrum* steadily every fifteen minutes, causing a steady but slow decline of pulse and temperature, and giving the Bapt., Ars., and Salicylate soda, every hour or oftener; and had the satisfaction to see by 6 P. M. all the violent symptoms subside. The putrid odor left the breath, the rapid prostration was arrested, the pulse declined to 108 to 120, still irregular; the temperature declined to 102.2. I directed the dose of *Veratrum* to be reduced to one drop every hour, and the Bapt. mixture every two hours, and Bell. and Hyos. to be used intercurrent, as necessary to hold down or control delirium and mania. She

continued to improve, except a slight relapse for two or three days, the next week from over-exertion, and is well.

Now, as I sat over my patient all through that day watching the effect of each remedy, as it promptly met the symptoms by which it was indicated both in the pathological and subjective symptoms, I thanked God that he ever put it in the heart of Burt to give us the grand characteristic key notes to remedies, and Hale to give his work on new remedies, and Raue his grand special pathology and therapeutic hints, and I felt that if I had attended the case with Guernsey to guide me, I should never have let her get in that condition.

And while I mixed things up *most amazingly for a clear prescriber*, I saved the life of an estimable Christian lady, wife of a Methodist minister right from the Illinois Conference, and have the gratitude of the mother of both husband and wife and a large circle of friends and acquaintances. But I am very sure if I had given my patient one small teaspoonful of *Veratrum viride*, she would be in paradise now.

NEWTON, KAN.

S. A. NEWHALL.

SOME PRACTICAL FACTS.

HEALING OF DISEASES AN ART, NOT A SCIENCE.

Webster defines art to be that which depends on practice or performance, while science is that which depends on abstract, or speculative principles. Can science explain the modern operandi of drugs, in their action upon the human system, producing disease therein, or eradicating disease therefrom, when skillfully applied? This question suggested itself after reading J. W. Clemmer, M. D., "On High Potencies," in August 15th number of this journal. Admitting that there is *mystery* in the *how* and *why* of "*high potency*" medication, I ask is there not *mystery* as inexplicable in *low potency* medication? What has science to do with potencies and medication in any form? From time

immemorable the healing art has been based upon the practical experience of some who were or seemed to be specially gifted and skillfully successful in removing disease and relieving pain, by the use of means, such as their fertile imaginations might suggest—or upon the experience of some who had been successful through experiment simply. Had science aught to do with spider web pills, or the putting a black spider into a thimble, and tying the thimble, its open end to the hollow of the neck for a few hours, to *cure* ague and fever? Yet I have seen both methods used effectually. Can science explain how a few drops of Aconite, third attenuation, put into a half cup of water, and given in teaspoonful doses of the mixture every fifteen minutes will produce copious diaphoresis, while drop doses of the tincture, given every half hour, would produce no action whatever? How, if there is not a particle of the drug principle in the 13th attenuation of Nux vomica, does it come to pass that the 30th attenuation in pellet form *cures perfectly* the *most obstinate* cases of constipation? I have cured hundreds of cases with this attenuation, and never use any other for *constipation*. Why will not the tincture or the 3rd or 6th decimal of Nux act as well? It does not and will not. Shall we discard the *sure* 30th, because *science* or Dr. Clemmer, and a host of unbelievers say it is “transcendental nonsense?” I say *no*, for *experience* is *better than* blind *science*. Again, how does it come about, that the 200th attenuation of Muriate of Magnesia will cure an *inveterate* case of constipation, that everything else tried, failed to do?

Such a case I had in the family of the Rev. O. D. Crawford, now at Mobile, Alabama. It is easy and simple to call “high potencies” dinamized *moonshine* and that *science* cannot discover any of the drug principle in the 13th attenuation, yet the *fact still remains*, that there is power and virtue and *curative principle* in many of the *high attenuations*. If “*moonshine*” will cure, then I say *God* (not man) be praised. Give us moonshine. If “dynamized” drugs, then give us them, whether or no science scorns or favors. *Anything to cure and relieve* suffering humanity, no matter whether it

comports with man's scientific investigations or not, so long as it is in keeping with *experience*, and does the business. Science ever has been and ever will be the baggage car of experience. She must *follow*, not *lead*. She may yet be able to explain the vital principle of *similia similibus curanter*, which is a *fact* beyond dispute, but until she can, she has no right to ridicule successful experience in any direction. I myself am largely a *low* dilutionist, yet I would not ridicule or condemn the honest, faithful, earnest *high dilutionist*, because I cannot see with scientific precision into the principle of diluent drug action. This is the rule of bigotry and ignorance always, to ridicule what they cannot explain. I must say that Dr. Clemmer to my mind is endeavoring to throw Homœopathy and its grand experiences and principles into ridicule and disrepute, by his tirade upon "high potencies," when he says that it would take by actual calculation a map of diluent sixty-one times greater than the earth to dilute *one drop* of the *tincture* to the 30th decimal attenuation. The doctor must either be ignorant of what he is talking about, or trying to make the principle of attenuated medicine appear as ridiculously absurd as possible. It is sheer folly to argue such a senseless doctrine, when any one can make the 30th decimal dilution or attenuation, with *three-fourths of an ounce* of diluent, and not use it all then. Again, what nonsense for a Homœopathic journal, that "For the higher potencies all the planets, and systems of worlds in the universe, all the starry host of heaven, could not measure the menstrum that is to contain the molecules of a *single* innocent drop of liquid"—*poor innocent*. I heard this asserted twenty years ago, before I became a Homœopath, and its falsity and ridiculousness gave me to understand at once, that it was the extreme of hyperbole, and came purely from the animus of bigotry. I say that figures do not indicate any such statement as fact. Now as to proof. *One drop* of tincture to *nine drops* of diluent makes the 1st decimal attenuation or dilution, *one drop* of the 1st to nine drops of diluent makes the second decimal, and so on. At this rate how many drops of diluent will it take to make the 200th

decimal? Just 200 times nine drops, or 1800 drops, equivalent to thirty drachms, or not quite four ounces. Now multiply thirty drachms by nine, the number of drops left of the tincture in 1st dilution, and you will have the total amount of diluent, required, necessary to carry *one drop* of the tincture to the 200th dilution or attenuation, which is only equal to thirty-three and three-fourths ounces. If I am in error in this calculation and method of dilution, I trust some genuine, dyed-in-the-wool Homœopath will set me right. I have made the most of my own dilutions for the past fourteen years on this basis, and have been uniformly successful with my prescriptions of the same, while the wells of our town are as full as common, and the river at my feet runs the same as if no dilution had ever been made. If my method of dilution be correct, as I believe it to be, then it is time that such egregious and ridiculous assertions as Dr. Clemmer makes, should be squelched and buried in oblivion, because it tends strongly to throw the most glorious system of medicine the world has ever known, into disrepute, and its exponents into the chamber of fools.

That "*drug force is increased while the number of drug molecules is decreased*" scientifically considered, should not be a matter of any great mystery to any thinking mind, that is to say, up to a certain point, for the reason, that molecular activity is thereby increased, the electrical or heat force more largely engendered, and latent vitality set at liberty. I say up to a certain point, but *that point* cannot be obtained through any channel of science. Art or practical experience can alone decide when and where it is reached. Because the microscope fails to discover a single molecule in the 7th attenuation, or the "absorption band with a solution of Eosine disappears in the 3d centesimal dilution," is no valid reason why we are to say, *therefore*, these dilutions do not contain a shadow of drug principle so long as there are hundreds who can testify most truthfully to the efficacy of both low and "*high* dilutions" in the removal of diseased action, and the relief as if by magic of the most intense suffering, after the failure of a thorough trial of crude drug

medication. I would not here decry science in any of her investigations, but would emulate experience as the better and truer guide in many instances. There are many things *we know* to be true, which science utterly fails to give any satisfactory explanation of. For instance, we know that a so-called *miasm* exists in certain localities, which produces fever and ague. That in other localities, a certain undefined, unknown influence produces yellow fever, typhoid fever, cholera, or diphtheria, or small pox, and yet *science* has not the ability to unfold to us what this influence is. It is still a hidden mystery, and *experience* alone can be in any way successful in combatting deleterious effects thereof. *Science* is *powerless*, while *art* is most powerfully effective. Homœopathically, we meet mystery with mystery, and why may we not? We have a case of bloody flux or dysentery proper. We give the patient a few drops of the 6th, 12th, 30th or 200th of *Mercurius cor.* every time the bowels move and in a few hours at most we have the pleasure of seeing our patient convalescing beautifully, and I may say *mysteriously*, for science cannot solve the how or why. My dear medical friends, let us have charity, let us not try to tear down faith in any helpful quarter, because we cannot square that faith with scientific investigation, but rather let us cling to anything that experience has proven *good*, whether we can square it with the set rules of science or not.

The question put to physicians by their patrons is always: "Doctor, can you help me?" "Can you *cure me*?" The answer should be: "We will do all that our own experience or the experience of others, with the best knowledge at our command, can do for your relief." Science has nought to do with the question, only so far as borne out by actual experience. Art only can cope with disease and suffering successfully, while it is the duty of science to command and aid her in all well-doing.

ALLEGAN, Mich.

C. D. WOODRUFF.

PROGRESS OF HOMŒOPATHY IN 1881-2.

BY MRS. DR. O. B. BIRD, PORTLAND, OREGON.

A paper read at the Annual Meeting of the Oregon State Homœopathic Medical Society, May 3, 1882.

The progress of Homœopathy as a medical science since its inception one hundred years ago, has been remarkably rapid. Having its origin in the mind of an able scholar of the regularly-educated physicians, it received accessions from the same class, and although it encountered great opposition from the first, its progress, even to the present day, has been almost unparalleled.

One by one small victories have been won, with an occasional mile-post like the Ophthalmic Hospital in New York, the hospital on Ward's Island, or the Insane Asylum at Middletown, to mark its onward march. It is my purpose to give only a few facts, gathered in a very short time from limited sources, showing the progress which Homœopathy has made during the past year and its success in overcoming the opposition of the Old School, with which it has had always to contend.

A recent victory, and the first of its kind, is the appointment of a board of seven Homœopathic physicians to have charge of one ward of the Cook County Hospital, in Chicago, and give public clinics, like their Old School brethren, and in the same room. This hospital has scarcely an equal in the world. The Emperor of Brazil, having examined many hospitals in Europe, considered this one superior to any.

The asylum for the insane, at Middletown, N. Y., has been for several years under Homœopathic control. In this place, mental disorders receiving treatment (by medicine) as well as physical, the percentage of cures has been largely in excess of that in any other similar institution with which comparison has been possible. The physician to the state institute for deaf and dumb of Minnesota is a Homœopath. The Michigan state prison, with 500 convicts, is also under

Homœopathic control. Now, the Binghampton, N. Y., insane asylum has also been placed in Homœopathic hands.

During the year a number of Homœopathic hospitals have been established. There are such institutions both in San Francisco and Oakland, Cal. One has been recently organized at Stillwater, Minnesota, and an association has been organized in the district of Columbia to establish a national Homœopathic hospital. Several county hospitals have been given into Homœopathic hands, with a large showing for Homœopathy.

Arapahoe county hospital, of Denver, Col., which in 1880 had Old School treatment, and in 1881 Homœopathic, showed 8 per cent. mortality as against 14, and expenses one-third as great. One-fourth of the previous expenses has been for stimulants, which, of course, were not used under the new treatment. As compared with the corresponding time last year, under Old School management, the cost of drugs, etc., was \$750 against \$2100; cost per patient 80 cents against \$2.66; druggists salary 0 against \$450, altogether a saving of nearly \$2,000. In two hundred cases of typhoid fever, the percentage of loss was 13 against 22.

The following places have recently appointed Homœopathic physicians on their board of health (often as president), or have Homœopathic city physicians: Indianapolis, Chester, Ill.; Goshen, Ind.; Oskaloosa, Ia.; Rock Island, Ill.; Spring Valley, Minn.; Minden, Ia. Several other appointments are chronicled in which the names of places are inadvertently omitted.

Several Homœopaths are also county physicians on the State Boards of Health, and are examining surgeons for pensions, and also have been appointed as vaccinating physicians in cities.

Dr. Martin was appointed health commissioner of Milwaukee, Wis. Twenty-seven "regulars" protested. He was, however, elected by a vote of 20 to 6. At St. Louis, Drs. Parsons and Kershaw were appointed lecturers at the city hospital by a board of health. The lecture to be for all who attend there—Homœopaths, Allopaths, and Eclectics.

The Illinois State Association, organized in 1856 with less than a dozen members, all the Homœopathic physicians then in the state, now has over 500.

There is now before the legislature of Pennsylvania an act entitled, An act authorizing physicians of different medical schools to meet in consultation. It protects those so meeting, and if any society takes action on a member for so doing, it shall be deemed guilty of misdemeanor and fined \$100.

THE BEGINNING OF THE END.

Last and most comprehensive of all is the recent action of the New York State Medical Society, as expressed in the May number of the *Century Magazine*: "At the last meeting of the New York State Medical Society a most important change was effected in the ethics of medical practice. This consisted in the adoption of a new code for the guidance of the faculty, virtually permitting a physician of the "Old School" to consult with any physicians of the other schools in good standing he may choose. This is a wise and timely measure, and must result in great improvement in the tone of the profession, raising it in the respect of every one and divesting it of much that is discreditable. In the eyes of the law both schools have the same privileges and standing; there are well conducted state Homeopathic as well as Allopathic hospitals and asylums; there are regularly chartered colleges of both schools; and it is high time that arbitrary distinctions should be at an end."

Let us hope that this action is the entering wedge of a movement which will result in bringing together all good physicians in one brotherhood. It is all the Homeopaths ask. The Old School created the barrier which has existed between the two schools, and they, of course, must take it down. Homeopaths have been far ahead in this also, for they have been and are free to consult with any properly educated physicians. Let the Allopaths continue the work which the New York Society has begun, until no one shall ask what particular creed a physician holds, but what his capabilities are.

Materia Medica Department.

ATTENTION, PROVERS!

The Homœopathic Medical Society of Central Ohio has determined to offer a prize for provings of drugs. The design is to secure accurate reprovings of some partially tested remedies. The prize will be given to the physician who may present the most valuable proving. All Homœopathic physicians and medical societies are invited to enter the contest.

The prize will be Allen's Encyclopædia of Pure Materia Medica, or its equivalent in Homœopathic publications, to be selected by the winner. The award will be made by three experts in materia medica, not connected with the society. Any who desire to conduct such work upon themselves, their patients, or their friends, are requested to send to Dr. Jno. C. King, Circleville, Ohio, secretary of the committee of proving, for circulars containing further information. It is hoped that members of our school, who desire a more accurate materia medica, and who are anxious for reprovings, conducted upon scientific principles (see circular) will respond to this call. All work presented will be freely made the property of the profession or promptly returned to the author. Any one of the three specified drugs may be selected. To obtain full particulars send for circular. Respectfully submitted.

E. R. EGGLESTON, M. D., Mount Vernon, Ohio,

JOHN C. KING, M. D., Circleville, Ohio,

J. W. CLEMMER, M. D., Columbus, Ohio,

Committee on Provings.

ALSTONIA IN CONVALESCENCE.

Dr. E. W. Wood, of Oak Park, finds *Alstonia* a valuable remedy during convalescence. It especially meets the

debility even better than China. He has also found it a reliable prophylaxis against the recurrence of chills. He gives five to ten drops of the second dilution every two to four hours.

THE THERAPEUTIC LIMITATIONS OF CARBOLIC ACID.

BY A. W. WOODWARD, M. D., CHICAGO.

Read before Chicago Academy of Homœopathic Physicians and Surgeons.

In view of the extensive claims recently made for the anti-septic powers of Phœnic or Carbolic acid, which seem to be well sustained both by chemical hypothesis and clinical experience, it is well for us that we should discover if possible the Homœopathic or specific indications for this remedy.

The most ardent advocate of Phœnic acid will scarcely claim that it is curative in every case of septic poisoning, if so, then we must learn when it can be depended upon, and under what circumstances it must fail. If our vaunted principle is of practical use, it should be able to give us briefly and distinctly the differential indications that call for this agent above all others.

The multiform diseases in which septicæmia is liable to arise, and the various complications likely to attend, would necessarily call for a varying treatment antecedent to the occurrence of septicæmia. As a consequence we shall find these subjects presenting various phenomena when the anti-septic is called for, in one case it may be the nerve centres are already involved. Deep coma or delirium, and subsultus indicate the gravity of the situation. In another, we find the subject in full command of his faculties lying quiet and free from suffering, the indications point to the abdominal viscera as the locus morbi. Shall we succeed equally well if we treat both cases alike? It cannot be.

We need then to be able to differentiate one drug from another by the absence of certain symptoms, and the presence of others besides putridity. In short we need to learn

the peculiar combination of symptoms indicating each remedy.

Can such a combination of drug effects be obtained? Surely it can. If we search intelligently and in the right direction.

With this object in view let me invite your attention briefly to the following experiments.

FIRST PROVING OF CARBOLIC ACID.

H. K. W., in good health, pulse 72 regular, 8 A. M., took fifteen drops 1x Carbolic acid in one ounce of water.

Soon fullness in stomach as though filled with wind, followed by repeated eructations. 8.15, distention of stomach *impedes breathing*, after slight exercise cough and palpitation of heart, this was followed by *free perspiration*, (unusual.) 8.45, continued eructations at intervals, now attended by *distention of bowels* and occasional passage of foetid flatus. 9.30, occasional palpitation of heart when quiet, ringing and pulsations in ears when stooping, pulse 95. 10.30 pulse 105, weak and trembling; face hot and covered with perspiration. 11.15, sharp *pain in temporal region*, called to stool, loose with much flatus. 11.30, headache at times, with fullness as from suppressed catarrh. 12.30 P. M. voracious appetite and thirst followed by colic and call to stool. 4, numbness of right hand when trying to write, could not close the hand tightly, occasional pains in back and limbs.

SECOND PROVING OF CARBOLIC ACID.

Mrs. B., in good health, pulse 72 strong and full. 9.20 A. M., took fifteen drops 1x dilution in one ounce of water. *Soon belching and fullness in the stomach*, this continued at intervals during day. 11, quite faint without cause, *heart seems to almost stop*, faintness causes *perspiration* and slight nausea. 2.15 So cold that I shivered, chills along the spine, pulse 80, full and strong, head hot and dry, hands cold, inward trembling, could feel the heart beat. 2.15, crowded feeling in ears, *abdomen distended with gas* causing much

inconvenience. 3, sharp pains in temple gone in a minute. 3.30, gas in bowels very annoying, continued until bed time, feet cold all the afternoon, slept poorly wakened several times with frightful dreams.

These are but partial provings as they fail to give us full systemic effects, and do by no means fully agree, but we may obtain from them some valuable hints of the therapeutic sphere of Carbolic acid. Let us look again at the succession of symptoms developed by the provers.

H. K. W. suffers first with gastric disturbance, followed by difficult breathing and palpitation, this was succeeded by perspiration, and then came flatulent distention of bowels; following these symptoms occurs a febrile pulse, headache and numbness of hand with paresis. Thus we find the succession of symptoms obtained by him to have been, gastric, respiratory, skin, abdominal, fever, head and spinal.

Mrs. B. suffers also with gastric disturbance, followed by faintness and weakness of heart, this was succeeded by perspiration, this by shivering and chills, this followed by fever, attended by distention of bowels and finally headache and bad dreams. We find then that her proving differs from former in the occurrence of spinal symptoms before the fever with abdominal symptoms following the fever, but they agree in the first three organs involved. Stomach, lungs and skin, and clinical experience indicates the first proving nearest right in giving of bowel and fever symptoms associated therewith.

We may assume then that the combination calling for Carbolic acid is one in which the leading indications will be from the stomach, lungs, skin, bowels and fever associated with the local lesion, and that these organs must be involved in one way or another whatever the disease may be called, if this remedy is to act curatively in small doses.

It is worthy of observation further that the cases curable by Carbolic acid will be notable by the absence of pain and suffering except of reflex or secondary character, that the coma, delirium and headache are occasioned by the disturbances preceding—are owing perhaps to defective aëration of

blood, or Carbonic acid poisoning as much as to septic conditions. The same may be said of the restlessness or paresis or convulsions, or of the rheumatic or neuralgic pains that may arise, they must in every instance be dependent upon the antecedent disorders of the stomach, lungs, skin and bowels.

If these provings are correct, we shall find the special indications for Carbolic acid in the treatment of scarlet fever or diphtheria, exist not alone in the presence of putridity, of secretions of the mouth and throat (gastric) but further in the disposition of the disease to involve the respiratory tract, sanious discharges from the nose, short and rapid respirations, palpitation of the heart when moving, besides these we shall find infiltration of cellular tissue of throat and neck, or profuse sweats, and associated with these symptoms tympanitis or a diarrhoea and a constant rising temperature, while these various grave symptoms exist, you will be surprised to find so little disturbance of the brain and mental faculties, while the strength remains comparatively unimpaired, the urine meantime being nearly normal until toward the end of life.

In erysipelas we will find associated with the local symptoms, decided irritability of the stomach, frequent eructations, oppression of chest frequent respirations and irregular action of heart, distention, soreness and irregular action of bowels, with continued fever, there will be a notable tolerance and insensibility of inflamed surfaces, while there will be in serious cases a gradual increasing sopor or headache.

In puerperal conditions we find gastric irritability, the leading complaint flatulent dyspepsia, impeded respiration, easy fainting, drenching sweats, tympanitis with diarrhoea or constipation, gradually increasing coma and debility, but not prominent early in the case.

The usefulness of Carbolic acid is not confined to septic states, it will prove frequently useful in flatulent dyspepsia, in catarrhal conditions of ears, nose, throat, in spasmodic or whooping coughs, bronchitis, functional diseases of heart,

acute and chronic affections of skin, diarrhœas and in catarrhal conditions of sexual organs, the particular indications being found in the presence of the sympathetic disturbances above described.

Carbolic acid should prove curative in secondary neuralgias and headaches as they arise from abdominal irritations, it should be curative in rheumatisms that have their origin in defective assimilation of food and defective oxidation.

Carbolic acid should be studied side by side with Salicylate of Soda and Lachesis, members of its own group, adapted to septic conditions; also, with Arsenicum and Baptisia for those forms of septicæmia which exhibit extreme suffering and early impairment of nervous energies, in such cases Carbolic acid will be found greatly inferior to either of these mentioned. As a broad distinction I would suggest that Baptisia and Arsenicum are indicated when we have coldness instead of heat, with debility and coma early in the case, attended by extreme hyperæsthesia until the last.

How to Demonstrate Tubercle Bacilli in the Sputum of Phthisical Patients.—Baumgarten recommends the following method as more convenient than that employed by Koch, and as equally efficacious. A portion of the sputum is dried on a cover-glass, and then treated with potash—one or two drops of a thirty-three per cent. solution of caustic potash added to a watch-glass of distilled water. The tubercle bacilli can then be readily seen with a magnifying power of four or five hundred diameters, and a little pressure renders them still more distinct from the enclosing detritus of tissue. In order to preclude the possibility of confounding the bacilli of tubercle with those of other species, the cover-glass may be raised and placed aside until the layer of fluid on its under surface is dry, and then passed two or three times through a gas flame, and then on it may be placed a drop of an ordinary watery solution of aniline violet or any other nucleus-tinting preparation of aniline. All the putrefaction bacilli appear under the microscope as an intense blue or brown (according to the testing agent and its strength), while the tubercle bacilli remain absolutely colorless. and can be seen with the same distinctness as in the ordinary potash preparation. The whole process does not occupy more than ten minutes.

Children's Department.

ACUTE MYELITIS IN A CHILD.

BY J. CRESSWELL LEWIS, M. D., PHILADELPHIA.

On the evening of August 15th we were called to see C—J—, two years and eight months old. The child was lying on the couch, complaining of no particular pain, but uneasy in the extreme. The bowels were constipated, urine voided at long intervals. When he was lifted up, we noticed a twitching of the right arm and stretching of the legs. He was a bright, active child, almost large enough to be four years old, and being active, received many falls. (In Aug. 1881, he fell out of bed and fractured the right clavicle). On questioning the mother, we found he had fallen a few days previously and hit his back very hard. We examined the spine, found a contusion in the lumbar region and much tenderness and contusion in the cervical region. The next day there was entire inability to move either arms or legs, but sensation was unchanged. The brain remained perfectly normal, he calling intelligently for food or drink, and knowing all that was going on around him. There was no nausea (as we observe in cerebral disease), the pulse was 120, full, frequent, quick; the bowels were constipated and the urine scanty. The condition of the bowels and urine changed the next day, however, when there was a desire for an evacuation, but no control over the sphincters. There was no priapism during the course of the disease. This condition of things lasted with little change, except increasing weakness, until 11. P. M., Aug. 21st, when the cerebral membranes becoming involved, we had convulsions, and death followed in one and a half hours.

This was a peculiar case, and presented us with that rare disease, acute myelitis or acute inflammation of the spinal cord. We are often called on to treat meningitis of the brain, and sometimes cerebro-spinal meningitis; but myelitis, and

particularly acute myelitis, is extremely rare. We have seen but two well marked cases. We find a clear, full description of it in few works on diseases of children. West gives the best and most satisfactory account of myelitis we have yet seen. In this case, the loss of motion in both arms and legs, shows us the lesion causing the trouble was in the cervical portion of the spinal cord. Right here we will recall the fact that paralysis is considered to be indicative of a lesion of the cord, while spasms (notably tonic) show affection of the membranes.

The diagnosis between acute myelitis and cerebro-spinal meningitis, is interesting and necessary to a right interpretation of the symptoms.

ACUTE MYELITIS.

CEREBRO-SPINAL MENINGITIS.

1. In acute myelitis, as in pure spinal meningitis, there is absence of mental symptoms.

1. In cerebro-spinal meningitis, their presence is marked.

2. No spasms, or, if, as on rare occasions, they appear, they are of the clonic form. (Tonic contractions of the muscles, occur only where meningeal inflammation follows).

2 Rigidity of the muscles is one of the most persistent symptoms.

3. Priapism is generally seen.

3. Seldom noticed.

4. Paralysis occurs almost uniformly.

4. Rare sequel.

Complete palsy indicates myelitis or, at any rate, pressure on the cord from effusion.

In the case described, we desired a post-mortem, but were not allowed to have it. From the traumatic history of the case, and from what we have learned of post-mortem appearances in this disease, we would have expected to have seen effusion of blood external to the theca of the cord, in the meningeal cavity, a layer of lymph, as also softening of the cord, and redness from hæmorrhage occurring in its softened substance.

The lesion was probably most marked in the anterior columns of the cord, from the fact that while voluntary motion was lost, sensation was fair.

There is a form of acute myelitis we read of, which begins in the lower portion of the spine, ascending rapidly and pro-

ducing first, paralysis of the lower limbs, then of the upper, and even affecting the medulla oblongata, producing death by asphyxia.

It is termed acute ascending myelitis. We have never seen such a case.

The cause of acute myelitis is most frequently of a traumatic character, viz; from falls and injuries of various kinds. Sometimes it is idiopathic. We have read of one case that was produced, in a young girl of eleven years, who followed the occupation of seamstress, by strong currents of air, to which she was subjected, striking the back of the neck. In those cases in which we can trace the disease to no recognizable origin, it is most probable, it is produced by medullary hyperæmia and vascular exudation. We would expect inflammatory irritation, produced in the vascular system of the cord, to be manifested by the symptoms of exudation and febrile action, and these are the first signs which herald such an attack.

The prognosis in cases of acute myelitis is not very encouraging. The structures involved are so delicate, and so prone to be permanently changed by disease, that we can indulge only meagre hopes of good results following even the most judicious and painstaking treatment.

Having had so little experience with this really formidable malady, we can give no brilliant array of cures. The treatment we pursued, was to administer those drugs that are known to act powerfully on the circulation, and that have a tendency to cause absorption of morbid deposits in the spinal cord.

A careful study of Belladonna and Apis mel., convinced us that those remedies were suitable to the case, and we prescribed Belladonna in the first stage and Apis mel. later, but were not able to arrest the fatal course of the disease.

An enumeration of the symptoms on which we have based our prescriptions, may not be amiss.

Belladonna.—This drug acts powerfully on the bloodvessels. Skin hot, pulse frequent, full and quick; face flushed; thirst; difficulty of swallowing, yet hungry; constipation

followed by involuntary stools (first symptom from constriction, the second from consequent paralysis of the sphincter ani); urine retarded, afterwards followed by incontinence of urine; breathing irregular and labored; palpitation of the heart; pain and soreness on pressure, on the spinal column; paralysis of the arms and legs.

Apis mel.—This drug has a profound action on the anterior columns of the cord, and also on all serious tissues, producing such inflammation as results in effusions.

Photophobia; wants to sleep, but cannot from extreme restlessness; increased appetite, eructations follow eating; abdomen distended, with tenderness; involuntary, lumpy stools from the relaxed anus (from paralysis of the sphincter); involuntary urine; arms and legs feel heavy with inability to move them; sensation retained, but not as acute as in health.

External applications are of no benefit in this disease. Trophic affections show themselves about the end of the first week, and we may have acute bed-sores, œdema of the paralyzed limbs, etc; hence, any irritating application is contra-indicated.

Our Allopathic friends recognize the force of this, and hesitate to apply any of their array of counter-irritants.

Electricity in none of its forms should be used, while inflammatory symptoms are present.

The Value of Abnormal Respirations as a Sign of Incipient Pulmonary Tuberculosis.—M. Grancher, in a communication to the Societe Medicale des Hopitaux upon the above subject, concludes as follows: In view of the importance of arriving at the earliest possible diagnosis of tuberculosis, great value should be placed upon abnormal respirations. When they are limited to one apex, especially to the left, these abnormal respirations do not alone aid one in making a diagnosis, but are of themselves sufficient to establish it without any modification of sound, and without adventitious signs, crackling rales, etc. These abnormal respirations are, in the order of importance; rude and low-pitched inspiration, interrupted respiration, and feeble respiration. These conclusions are not applicable to patients who have previously suffered from general pleurisy, from pneumonia, or from any other grave disease of the lung or pleura. On the contrary, they are of the greatest value in young folks suspected, for some reason or other, to be subject to a tubercular process.—*La Tribune Medicale.*

Hygiene Department.

DEATHS FROM FOUL AIR.

BY O. B. BIRD, M. D., PORTLAND, OREGON.

A paper read at the Seventh Annual Meeting of the Oregon State Homœopathic Medical Society, May 2, 1882. Published by vote of the Society.

The earth is surrounded by air, to the depth, presumably, of forty-five or fifty miles, having weight, it is denser near the earth, at which place the pressure exceeds one ton to the square foot. Possessing the physical properties of a gas, it takes up any gases that present themselves and scatters them until no longer perceptible—theoretically until the air and the gas are equally mixed—for this is the law of the diffusion of gases. By the operation of this law of diffusion noxious vapors accumulating from any cause are taken up and disseminated, and thus prevented from doing harm which would otherwise be inevitable. This law of chemistry is of the greatest conceivable value, for without it the neighborhood of many places would be fatal to life, and that, too, without any warning being given, as gases are invisible.

In addition to this diffusion there is abundant provision for circulation. The air is constantly in motion, and we call these motions wind. There are the trade winds, blowing for months together over large tracts of land and water, and producing effects commensurate with the great body of air in which they operate. There are storms, accompanied by great wind, passing over a few degrees of longitude or latitude. There are hurricanes, limited to a few miles. Local currents abound everywhere, modified and directed by hills, valleys, trees and buildings.

But the greatest and most universal of all causes is the heat of the sun. This passes through the air without heating it. Air, although not warmed by radiated heat, is warmed by contact. Thus the air next the earth becomes

heated, and expands with a force equal to about one ton to every square foot, and by expansion becomes specifically lighter, when it rises and its place is taken by cooler and heavier air.

Thus the air is always in motion over the vast expanse of the earth's surface and where it meets contaminating gases always keeps up a microscopic movement of its ultimate atoms. These two processes we will call circulation and diffusion.

A person to enjoy perfect health must have pure air to breathe. Nature has so adjusted the human body that nothing less than pure air, all the time, will properly purify the blood and insure the best health and the longest life. The truth of this statement will be taken, I think, as self-evident. I do not say cold air, mountain air, outdoor air, at all; I say pure air — air having nothing else mixed with it — and it may be either cold or warm, if it is only uncontaminated.

Air, theoretically, consists of four parts of nitrogen and one of oxygen, both invisible gases. These hold in suspension about one per cent of watery vapor. Air, practically, contains in addition to these, carbonic acid, also an invisible gas, about five parts in ten thousand, or one twentieth of one per cent. The words pure air, therefore, may be understood to refer to the mixture of these three elements and water. In 100 parts there are 80 of nitrogen, 19 of oxygen, 1 of water, and 1-20 of 1 of carbonic acid.

Carbonic acid is the substance most commonly present in impure air. This gas is given off by animals in breathing, by fires in burning and in vast quantities by volcanoes.

As before said, air containing five parts in 10,000 is practically pure. If this amount is increased to one per cent or less, dullness and headache will follow its respiration. Four per cent will cause sleep and ultimately death, and will extinguish flame; while ten per cent. will destroy animal life in a few minutes.

Another gas, sulphuretted hydrogen, is even more deadly than carbonic acid. This gas is formed during the decay of

animal tissues or animal excrement, and is a dreadful foe to life. When inhaled it thickens the blood and turns it black. If diluted with 100 times its bulk of air it is still fatal to animal life.

This gas is directly productive of low malignant fevers. Epidemics of typhoid have been traced to its presence, either in water or air.

These two gases, carbonic acid and sulphuretted hydrogen, are the two things more destructive of human life than all other causes combined — war not excepted.

In view of these facts, the commonest prudence dictates the necessity of every one being able to decide as to the presence of these two deadly agents, and of taking the necessary measures for purification.

We provide food and clothing and think it is a dreadful thing if a person goes hungry for a few hours, and yet we live in rooms having every facility for the production of one or both these death dealing gases, and wonder that ill health is so frequent a visitor. The wonder to those who examine the matter is, that it does not come oftener. I think I am safe in expressing the opinion that half our people, if deprived of half their usual quantity of food and supplied with pure air, would enjoy better health and live longer.

An approximate estimate of the purity of air as to carbonic acid may be made from the rapidity with which fire burns in it. Wherever fire will not burn, an animal cannot live; and when fire burns dimly, the purification of blood in the lungs will be correspondingly slow.

A few simple experiments will confirm these statements. It is not necessary to produce them here. The facts are universally known, and my object is to show that they are not heeded. The question before us is one of fact; we have simply to find whether people do live in impure air. The most casual observation will show that they do, the proofs being both perceptible to the senses, and demonstrable by calculation.

The great and ever-acting source of carbonic acid is respiration. Every breath of every animal not only takes from

the air a part of its oxygen, but returns to it a large proportion of this poisonous gas. People are often surprised to hear that the amount is sufficient to extinguish flame. Breathe into a common tumbler, using one hand as a cover. With the other hand light a match, and removing the cover, lower the burning match into the tumbler, when it will be quickly extinguished. From this it is safe to conclude that a person could not live on air that had been once breathed. Expired air contains about 4 per cent. of carbonic acid, and as each person breathes seventeen times a minute, each time using seventeen cubic inches of air, it follows that each pair of lungs needs ten cubic feet of air per hour, and that nothing less will answer, for every particle of this is made unfit to support combustion, or, what is the same thing, unfit to support life.

Thus we see that a room ten feet square and ten feet high would furnish air enough to support one life for four days, provided, however, that the expired air could be conveyed away, and not allowed to contaminate the remaining pure air. I doubt if a man could live half that time, if confined in such a room without apparatus.

The question of carbonic acid, therefore, is one of mathematics. If your rooms are not so ventilated as to supply ten cubic feet of air per hour to each person and remove an equal quantity of foul air, you are simply committing slow suicide. In the language of high authority, "Every breath of impure air that is taken shortens the life, or impairs the health, in a strictly mathematical ratio."

The other exterminator, sulphuretted hydrogen, produces effects more startling in character and of greater magnitude than those of carbonic acid, but with less uniformity. Improper ventilation of rooms and consequent accumulation of carbonic acid is well nigh universal; while the other and more deadly gas is never present unless the plainest laws of health are violated. This, however, is so often done, though generally through ignorance, that the aggregate effects are perhaps as great as those of carbonic acid.

The detection of this gas, when the quantity is at all large,

is very easy by the sense of smell. The odor of old vaults, or of rotten eggs, is the odor of this gas, and is caused by its presence. For a delicate chemical test take a piece of sugar of lead the size of a pea, dissolve it in a tablespoonful of water, take a slip of the white border of a newspaper, moisten it with the solution, and hang it in the suspected locality. If the gas is abundant the paper will be black before you can hang it up. If a small quantity only is present the blackening will occur more slowly. If there is none the paper will remain white.

It seems impossible to arouse people to the importance of ventilation and cleanliness. Houses are building on every hand with no shadow of provision for supplying the air, which is almost as needful as food. Churches are generally just as bad, only larger. Public halls become stifling when occupied by large audiences for an hour or two. The galleries of theatres are positively offensive to the smell, and suffocating to the lungs. As the result of this carelessness, people have headache, dulled powers of thought and general rowsiness; they often take cold, and many a victim can trace a serious illness to an evening spent in one of these places.

Now, having diagnosed the disease, it becomes necessary to prescribe a remedy. This opens the subject of ventilation, which I shall merely touch, and then give a few from the multitude of instances where disregard of the foregoing facts has led to disastrous results.

The remedy, then, is found in any device which will remove vitiated air and introduce fresh air at the rate of ten cubic feet per hour for every person. Many plans have been tried, some of which accomplish all that is required, in the most admirable manner. To some, no objection can be raised but the cost, of others, it may be said that they operate only where fires are kept burning. Some reverse their action when the fires are out, and so do more hurt than good.

But there is a system just now coming prominently to light which, as far as tried, does everything that is required,

and does it thoroughly, uniformly and constantly, without attention from any one, and without any change whatever being made in its arrangements to accommodate it to different kinds of weather. I refer to the invention of Messrs. Eastmond & Cottier—the latter gentleman being present with us to-day.

In general design this system is exceedingly simple, and for that very reason, as the inventor says, all the more difficult of discovery.

It can be applied to any building, but is much more conveniently introduced when the building is in course of construction. Once in, it will do its work to the end of time without assistance. This system appears to solve the long agitated question of ventilation, and leave nothing further to be desired. Interested persons—and who is not interested?—can find a brief explanation of this system of ventilation, together with figures, as to its practical working, in the eighth annual report of the city superintendent of schools of Portland, 1881. All who can do so should visit the schools and see for themselves how perfectly the work is done.

The following cases will illustrate the importance of ventilation.:

In June, 1756, the British soldiers stationed at Fort William, Calcutta, to the number of 146, were locked up for the night in a poorly ventilated room, eighteen feet square. In the morning only twenty-three remained alive.

In 1864, an epidemic of typhoid fever broke out in the young ladies' seminary at Pittsfield, Mass., a beautiful New England village. Of seventy-four young ladies, sixty-six became sick, and of these, fifty-seven had typhoid fever, and thirteen died. This place was carefully investigated by three physicians who reported bad ventilation and drainage, which being remedied, the trouble was ended.

When the Quaker boarding school at Westtown, was first occupied, hickory fires in open fireplaces were used. Later, the fireplaces were carefully walled up and the rooms warmed by hot air furnaces. Not long after this a fever

broke out in the school, which became so alarming that the school was closed and the pupils sent home. This case also was carefully examined, fresh air supplied, and the old chimneys used as ventilating flues, and no further trouble occurred.

In striking contrast was the juvenile asylum on Washington Heights, New York. The 600 children there gathered, were, many of them, from the most unhealthy parts of New York city, and yet in five years there were but two deaths. This building was well ventilated and fully exposed to the sunshine.

Careful examinations have been made of air in many places; and while there is a surprising uniformity in the outdoor air, the indoor air varies with the number of occupants, time of occupation and facilities of ventilation. In Monsieur Dumas' lecture room the amount of carbonic acid varied from 42 parts in 10,000 at the beginning of the lecture, to 67 at its close. In various hospitals, asylums, railroad cars and saloons, the figures ranged from 17 to 56, while a well filled school room gave the startling proportion of 72 parts in 10,000, or about $\frac{3}{4}$ of 1 per cent.

A body of men called the Health of Town Commission, in England, found greater mortality in the beautiful, clean, but air-tight factories than among the scavengers, who, though engaged in filthy work, nevertheless had plenty of fresh air.

Carpenter, in his *Physiology*, page 326, says in substance that the habitual breathing of pure air is essential to the maintenance of that power of resisting disease, which is the best measure of physical vigor. The fatality of epidemics is in precise ratio to the impurity of the air which has been habitually respired. Proper ventilation and sewerage would produce an enormous decrease of the death rate, and annihilate the fatality of epidemics. This statement has been fully substantiated even in the case of diseases not readily amenable to ordinary medical treatment, such as cholera and malignant fevers.

Carpenter further adds that the rate of mortality brought

to light by the Board of Health in England, varied from 11 to 15 in the thousand, averaging 22. If all places were as healthy as the best, the death rate would be only half as great—saving nearly 200,000 lives every year in that country alone.

During the war a hospital in Baltimore, an old hotel, seemed to prove fatal to most of its inmates. Surgeons said they could scarcely cut off a finger there but the patient would die. Wounded men, who had been doing well, soon died after being sent there—for it must be remembered that fresh air is more needful to the healing of a wound than all the salves and plasters that can be applied.

In a church used as a hospital in Washington, the ward master pointed with pride to a large ventilator in the ceiling, and afterward discovered it was only a painting.

From the foregoing cases we are forced to the conclusion that our breath is our worst enemy.

About one million people die every year in the United States, and nearly or quite half that number are simply killed by foul air.

Thorough ventilation and sewerage would save more than their cost every year, even in dollars and cents, by obviating funeral expenses and doctors bills.

Nitrous Oxide—Further experience has not changed the relative position or very much enlarged the sphere of action of nitrous oxide. That it is the safest of all anæsthetics has been established beyond a question. In one institution where such administration is subject of record, gas has been given over 100,000 times, and not only without a death but without causing in a single instance symptoms sufficiently serious to necessitate transporting the patient home in a carriage. In the city of Philadelphia alone, it has been given over 133,000 times without a death, and without any injurious results. Death cannot be justly attributed to it in more than four cases since its introduction. —*Holmes' Surgery, American Edition.*

Bad Effects of Iodoform.—In view of the increasing use of Iodoform in the hospitals of Europe and America, the effects of this new agent are worthy of careful study. It is spoken of as a rival to Carbolic acid or superior to it; hence, its good and bad effects should be known as widely as possible. Dr. Fifield presents to the attention of the Boston Society for Medical Improvement, the consideration of a case of death in his own practice which he thinks were the result of a careful application of a very small quantity to ulcerated surfaces.

Medical News.

Location.—There is no Homœopathic graduate at Long Branch. The town contains about 7,000 permanent residents, and is one of the most popular summer resorts on the Atlantic coast.

W. J. Calvert, M. D., formerly of Jackson, Mich., whose health has been poor, is rusticated in Dawson, Dak., of which town he owns a quarter besides 800 broad acres. He reports Dakota booming. There are several good openings for young enterprising physicians.

Score one more for Homœopathy.—I remember that you noticed the nomination of Dr. Keener, of Princeton, by the Republican party, for coroner. This week the Republican party of La Salle county, the second county in the state, gave me the same nomination.

H. M. BASCOM.

The Minnesota Homœopathic Institute will hold a meeting in Owatonna, Minn., Oct. 17th and 18th. This will be the first semi-annual session of this enterprising body, and a very profitable time is expected. Dr. Roberts will give his visiting confreres a royal welcome. Those who cannot be present should send a paper, with their regrets.

Just Dues.—We wish to call the attention of a few whose names are on our books and who have not paid their subscription that the same would be thankfully received by us. There are a few also who have let their subscription accounts run for some time in spite of the many bills we have sent them; we can hardly think them dead-beats, but if we do not hear from them soon, we shall make up a list and send to those firms who have asked us for such a list, and get theirs in exchange.

The Nebraska State Homœopathic Medical Society met in the Board of Education rooms, Omaha. C. M. Dinsmoor, M. D., of this city, in the chair. It being a special meeting very little was done. Dr. Bumstead being about to leave the state resigned his position as secretary, and Dr. G. H. Simmons, of Lincoln, was elected to fill the vacancy. A committee of legislation was appointed to look after the interests of the Homœopaths in the way of legislation. Dr. Paine, of Lincoln; Dr. Hart, of Omaha, and Dr. Lashlee, of Grand Island, were appointed committee.—*Omaha Republican.*

Turned out to Grass.—When we were a boy on the farm, if a horse or ox did not seem to feel well from over-work, father would say: "Turn them out to grass and give them a rest." Now, the Managing Editor has not felt well for some time, and was "turned out to grass" in Kenosha, some time ago. He came home much improved, but when he got into the harness again, the load being heavy, he soon began to lag. He has now gone west to try the bracing winds of the prairies. We wish to say to our many readers: if you see any mistakes in this issue, just correct them, please, and don't say or think, damn.

ASSISTANT EDITOR.

Susan A. Edison, M. D., of Washington, D. C., well known as physician to Mrs. Garfield, and as one of the attendants to the late president made us a pleasant visit. We learned from her many important facts concerning the president's case. He told her the first sensation was that his back was broken, and all during his illness he could not raise his head from the pillow nor allow it raised only a short distance. He never sat up. He could move his feet and arms freely, but only roll his head from side to side. Familiar with wounds and wounded men, this was to her inexplicable in the light of the diagnosis as to the direction of the bullet wound. The treatment at first by large hypodermic injections of Morphine (which explains the severe vomiting) was lamentable. Those first few days of Morphine and whiskey (which he loathed) sealed his fate. The treatment of the wound was twice daily injections of Permanganate of Potash. The atmosphere of the room at the time being filled with carbolic spray. He never relished food, except milk. Stimulants were put into everything he took, even into his milk which he soon loathed. His treatment was Quinine, Whisky and Brandy. During the eventful days of August, when the case was given up as hopeless, some Arsenicum, so clearly indicated, was administered by Dr. Boynton. He rallied, and lived three weeks, wasting to a living skeleton, covered with sores (blood boils). The parotid swelling was not due to pyæmia, but its the old, old mercury. We shall understand the case better when we know the treatment the national patient received at the hands of Allopathy—who surgically and dietically won no laurels in this case. Dr. Edison of strong magnetic power soothed him. Good nursing and a strong constitution prolonged his life.

Medical Information Wanted.—In presenting the two following advertisements from *Leonard's Illustrated Medical Journal*, comment is unnecessary:

CHLOROSIS.

DEAR DOCTOR.—I desire to gain some information about the diseases of Chlorosis, and shall deem it a favor if you, or the readers of your journal, will answer the following questions. In answering these questions, state whether lungs are normal or diseased, and give as many details as possible. A speedy reply will be gratefully accepted.

LUIGI G. DOANE, M. D., 352 West 28th St., New York.

Questions.—1st. Color of the skin and mucous membranes? 2d. Is patient melancholic, and is muscular debility present? 3d. Neuralgic pains? Situation of same? 4th. Heart sounds? 5th. Pulse—whether frequent or not so? Whether slow or thready? 6th. Dyspepsia, Pyrosis. Vomiting and Gastralgia—whether present or not? 7th. Diarrhœa—length of time it has existed, and character? 8th. Is Edema present, and its situation? 9th. Menstruation—quantity, color? Is Leucorrhœa present? Is patient sterile? Position of Uterus?

CHLORATE OF POTASSIUM.

Physicians who have used the Chlorate of Potassium will do the undersigned a very great favor by sending him an account, or a few notes of their experience with it internally or externally in any disease. Address

JOHN V. SHOEMAKER, M. D.,
1031 Walnut St., Philadelphia, Pa.

I do think the applicants ought to hunt up some good Homœopathic works on both theory and practice, or materia medica, or else a deputation from an Homœopathic hospital should wait on these gentlemen, and for the sake of the Allopathic school, teach them three things, and by advising them to study Homœopathy, subdue their anxious state of mind.

R. W. NELSON.

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Sanitary Department.

DISCUSSION ON VACCINATION:

(Continued from page 345.)

G. W. Bowen, M. D.: *Mr. President:* I wish to make a few remarks. In the first place, vaccination was all right when the matter was good. We have not had a case of kine-pox occurring in the world's history since 1866. We have been vaccinating in and out ever since. It has done no good since last spring. I have not seen a natural mark since a year ago last spring. Vaccination used to leave nice pitted marks. I have written a great many letters and made inquiries in regard to this matter. It has ceased to produce what we desired. We have got to change and introduce new materials. No physician can believe that vaccine can be blended in and out for sixteen long years and produce the same result that it did before. Vaccination has caused more damage since a year ago last winter than it has done good. Gentlemen, vaccination in its natural form cannot

work in three, four, five or six days; it cannot ferment in that time. You have got to have the animal matter to produce that. Your vaccine matter will not take effect in that time. You remember fifteen or twenty years ago, that the vaccine we used came from France in little glass tubes. It would not work in less than ten or sixteen days. Now it is deteriorated, so lost, that it works like dead animal matter, and no more than that. It will work in three, four, or five or six days, and make a sore. In my place we have been visited with a scourge. Six children died from vaccination, and a good many nearly lost their arms. Ten in all have died since we have employed this point vaccine. There has been a difference in the mark produced by the point vaccination since a year ago last spring from that produced previous to that time. We have had many running sores. Now, take this as a starting point—the vaccination coming from the cow—the last case occurred in 1866. Since then it has been blended in and out. One gentleman bought ninety head of cattle out of a stockyard; took them home, vaccinated them, and now writes that he furnished from sixty to seventy thousand points in three days' time—five hundred to two thousand points from one animal. Now, we have more pleuro-pneumonia than we had a year ago. That has been the observation of every physician. We have had a great deal more of lung trouble than the year before, I believe that it is due to the effects of vaccination. I say I believe it, although I do not know that I can prove it. As I said before, ten have died; but I will refer to one case illustrative of the effect of vaccination: A big, stout, hearty engineer, weighing two hundred pounds. He did not want to be affected with the small-pox, he wanted to be amply protected. He was vaccinated, laid off for two or three weeks, then went back to work, and, after three weeks, took the small-pox, rotted down alive. That is not the natural type of the disease; it was made so by bad management. I was in Chicago and went through the pest-house; and there I saw the patients; I smelt their breath; I examined them carefully; examined the pustules, and examined the arms of

those who were recently vaccinated. They told me that thirty-three per cent. died. This I believe to be a fact, for they were comparing the books. The question would be asked, "where is such a one?" And the reply would be, "we don't know!" and the direction would come, "mark him discharged!" and this would be repeated time and again, and yet when I visited the Health office, I found out there that burial permits had been issued for some marked "discharged."

Dr. McManus: I would like to ask the doctor one or two questions; the first of which is, if he ever had the small-pox himself?

Dr. Bowen: Yes, sir.

Dr. McManus: The next question I was going to ask, will be unnecessary in view of your answer. Mr. President, I would like to state here what I have all along supposed to be the fact. I have been practicing fifty-three years last April; have attended for years and years bad cases of small-pox, some of them amounted almost to rottenness, and I have never contracted the disease. I have tried to revaccinate myself whenever it has made its appearance in Baltimore. I never succeeded with it; and I attribute my protection to the vaccination that was introduced into my arm seventy-three years ago. That was when I was two years of age. I have heard my father say, when I was a lad, that I was one of a few children of Baltimore upon whom vaccination was tried, at the time of the introduction of the system of Jenner. There was a vaccine agency appointed in Baltimore, and I was one of the few upon whom they tried it. Up to that time the system of inoculation was practiced. I merely state that as a fact. I do not know that I can be revaccinated, and I do believe I could take the small-pox. If the vaccine matter is spurious, of course it cannot be relied on; if *genuine* and *properly introduced*, I consider it as certain—as infallible—as any human agent can be.

D. S. Smith, M. D.: *Mr. President:* Chicago has been referred to, and that brings me to my feet, having lived there more than forty years, and having been somewhat of an ob-

server. I do not propose to enter into discussion about bovine or humanized virus, for I suppose that every practitioner here is perhaps as familiar with the subject as myself. I have had some experience in the past, and will simply make a few remarks. I will say, that I have been through the pest-house when the disease was raging, and I have never contracted the disease. I have treated cases in private houses and have not contracted it. I wear a typical scar, but that is not what I rose to speak about. Chicago has a population of over six hundred thousand people. She has a pest-house that has been well filled with subjects during the past winter, and, I am sorry to say, if our newspaper reports be correct, that these cases have been furnished in the main by recent emigrants from abroad who have been brought into our cities, and who are without the comforts of life, and who have been taken there with the small-pox. These people, after crossing the ocean and travelling in emigrant cars, are carried to the pest-house with this fearful disease, and it is by no means strange that there should be some mortality among them. But amongst the citizens, those who have their homes and home comforts around them, I have heard of very few cases of small-pox where vaccination has been practiced. Whilst there may be some exceptional cases, it seems we know no better means for its prevention and protection than vaccination. Of late years I have used only the bovine virus, and I do not get the uniformity of results that I formerly did, as some of the other gentlemen have experienced. I have had good typical results during the past season in Chicago. Concerning the prevention of small-pox, I would like to make a practical statement: Many years ago I adopted the use of the second decimal attenuation of Macroton in families where small-pox was prevailing in the house. I have used the remedy (*Arsenicum*) spoken of by our distinguished friend, and have had good results from it. I have found that Macroton modified the patient's condition—the patients derived benefit from the use of it when they were under the treatment for small-pox. Several years back, in the few cases that I have had, no second case has

occured in the family where I have used it as a preventive or prophylactic. Now, whether that would obtain with every body—whether it would prove to be an universal preventive—I cannot say; but I will say, that whenever opportunity has been presented personally for me to prescribe, I have used it, and I have yet to learn of the first case that has occurred after I have prescribed it; and I have yet to learn of a case that has proved fatal that was treated with it.

G. W. BOWEN, M. D. I have learned from experience that certain remedies could crush it out. Arsenicum will prevent it by taking a large dose; too large a dose will, of course, produce inflammation of the stomach. I stated here two years ago that Arsenicum and Causticum would prevent small-pox. Having had a large experience myself, and others also, I went to Chicago to see if I could introduce my treatment into the pest-house. I visited the pest-house, and they promised to give me a room by myself with special cases. I went there, and they told me they would select the last cases that came and put them under my care. I then left medicines with the sisters, who had charge of the hospital. I left there to go down to Central Illinois. I did not wish to call on my friends under those circumstances; they need not feel aggrieved at it. I went down through Illinois, and when I came back I found that a young man had been put in the pest-house and had sued the city for damages. He had been in there three days and did not have the small-pox. They then let him out and he had to foot it back home. Then I found from the clerks in the office that the man was in the same room where they were trying that new medicine; the room was 17 by 20 feet. I inquired how many were in that room, and I found that there were eight and a large stove. They had agreed to give me a room by myself and no stove in it; heat is detrimental; heat would cause confluent or black small-pox. I found seventeen had died out of that one room within two weeks time. I then told Dr. DeWolf I would have nothing more to do with it; I would carry on no more experiments there, as they had not done as they had promised. They

had promised to give me a room with no stove, and they had given me a little one with eight beds in it and a stove; that was the reason I abandoned the experiment. I still assert that I can cure small-pox with these two remedies; not only cure, but prevent it.

Pemberton Dudley, M. D.: *Mr. President*: There are many points coming up in this discussion, but I shall only take up a few, and very briefly. First, in reference to a statement made by Dr. Bowen, let me say, that in Southern India last fall a number of cases of spontaneous cow-pox occurred, attested by the resident English physicians there. The report of these cases may be seen in some of the English journals.

I do not think it can be necessary to say much as to the preventive powers of vaccination. If there is any point established in medicine, from the doctrine of Samuel Hahnemann down through the list, it is that vaccination is a preventive of small-pox. (Applause.) If *that* is doubtful, tell me what there is certain in medicine? But if we want examples, let me give the results as they occurred in the municipal hospital in Philadelphia, during the terrific epidemic of 1871-72. Of a total of 1,137 cases treated in that hospital, 830 were vaccinated cases 307 unvaccinated. Of the vaccinated cases the mortality was as follows: Of those persons who had a distinct cicatrix, 10.55 per cent. died; of those who had a medium cicatrix, 12.35 per cent. died; of those who had a poor cicatrix, 30.96 per cent. died; and the average mortality was 17.83 per cent. In contrast with this, the mortality rate amongst the *unvaccinated* cases was 63.19 per cent. In reference to my own experience, I have been through four epidemics of small-pox within the last twenty-one years and never contracted the disease, having been successfully vaccinated in childhood, and having still a good mark on my left arm. We rarely hear of a physician having small-pox, simply because he is protected by vaccination. During the last two winters we have had an epidemic of small-pox in Philadelphia. A year ago last winter, every infant that I vaccinated took the vaccine disease. I used

Pettet's virus. That was the cold winter in which I understand Dr. Bowen to say the prophylactic virtue of the virus was killed out; but it did take elegantly that winter. This last winter I have had very poor results, using virus from the same source. Yet I cannot help thinking that Dr. Pettet is a careful man. Let me say another thing. I estimated last winter that about five per cent. of my patients were unvaccinated; of course some of these were babies; yet, with that condition of affairs as a basis, I had five cases of small-pox, three of whom died. These five cases were every one of them unvaccinated. That is, out of the five per cent. of my people who were unvaccinated, five cases occurred, while in the remaining ninety-five per cent. (vaccinated persons) no case occurred. Probably almost any physician present could furnish somewhat similar figures.

I would like to ask Dr. Beckwith one question in reference to tubercular vaccination. When animals are inoculated with tuberculous matter designedly, as is frequently done in laboratories, the disease developes in a few days, or weeks at most. This being the universal experience, is it not reasonable to suppose that a tuberculous vaccination would also produce its dire results promptly, and not remain dormant for a long series of years; and is it true as some suppose, that we may put tuberculous matter into a child's arm and have it develop into tubercular consumption when the child reaches adult age? I think it is doubtful.

D. H. BECKWITH, M. D.: It is true that in case tubercular matter were introduced by vaccination, it will in three or four weeks develop symptoms of tuberculosis. The case reported by Dr. Lungren, of Toledo, in the paper under discussion, the child died in about two months after it was vaccinated. In a case under my own observation the lungs were affected in two or three weeks after vaccination. The left parotid gland was much inflamed, and by applying hot fomentations suppuration was produced, thereby relieving the lungs.

B. F. Dake, M. D.: *Mr. President:* I think that the further we get away from the early system and way of vaccina-

tion, the more unreliable we are in the results. Vaccination is something akin to Homœopathy in its nature. It seems to me we ought not to lose confidence in the system, or abandon its use unless we can supplant it by something better. As some have remarked here to-night, there is probably no fact better established by experience, than that of the reliability of vaccination, when properly done, as a prophylactic against small-pox.

When it has been properly done, with proper vaccine, and has passed regularly and properly through all its appropriate stages to successful termination, it is as sure a preventive against small-pox, as having had small-pox once is a preventive against any future attack of the same. That is what Jenner claimed for it. We sometimes meet with failures and disappointments in its use, but that argues nothing against the reliability and perfection of the system, but is simply due to our own imperfections in applying it.

Done as Jenner instructs us to do it, with vaccine taken at the time with conditions that he indicates, I am sure that the accumulative evidence of the best experience bears me out in the assertion of its absolute reliability for an indefinite time. And probably, thus done, with not less than three or four vesicles, there will never be thereafter any liability to contract the small-pox.

Jenner was very exact and strict in his instructions, and directs us to select only characteristic and perfect vesicles for use, and not to take virus from these, even after they have passed through certain conditions. Jenner held that when once at a proper stage for being tapped, even a few hours would vitiate it for use. His instructions are, that a vesicle is generally in proper stage for use the day a week from time of vaccination, if it has gone on regularly after insertion.

But he also gives us particular instructions as to the peculiar appearance and condition of the vesicle to be tapped for use, so many being faulty.

A proper one should always have a certain pearly color—should have passed the serum stage, and should be tapped

for use just before the appearance of the areola—and never later than its first appearance—as in a few hours thereafter it may be vitiated and unfit for use. One gentleman has remarked here to-night, that in an hour or two it may undergo transitions that unfit it for use. That is drawing it very fine, but certainly a few hours may spoil it for advisable use. With such care and such precautions, I think there would be scarcely any failures; and with such vaccinations, I think there would be perfect immunity for a life-time!

Now, of those attacked with small-pox, about one in every five will die, so that without the conservative results of vaccination, we should lose in the United States alone about fifty thousand of our inhabitants, so that we have thus saved to us by the simple process of vaccination a population of immense magnitude throughout the civilized world. A great many agents have been mentioned here to-day for mitigating or preventing small-pox, but I would like to hear more definite experience and positive assurance of the reliability of their use. Some have recommended Macroton and others Arsenicum. The books speak mostly of *Variolin*; but so far as my experience goes, or information has extended, I should very much dislike to rely upon any of these in the place of vaccination, or to give any hitherto used remedy as a preventive against the contraction of the disease, variola.

It has probably happened to the experience of every practitioner of medicine who has passed through an epidemic of the disease, to have met individuals, who, unprotected, have been fully and fairly exposed to the contagion, and that having at once vaccinated these persons, to have seen them escape the small-pox, only by virtue of the taking and working of such vaccination. I have myself, many times, vaccinated children who had never before been vaccinated, in families where I have been called to treat the small-pox in other members, and seen the little ones escape the contagion thereof, when they must surely have contracted the disease but for this timely interposition. As the stage of incubation is generally nine days for variola, whereas that of kine-pox is but five, we thus have four days of opportunity to head off the former, if we are successful in getting the vaccine to take; and I should not dare to rely upon any other known remedy.

(To be Continued.)

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

HASTINGS, Mich., Sept. 29.—There has been but little sickness in and around the city of Hastings during the past month (September). The weather has been unusually cold, especially the nights. My friend F. Sweet, who is meteorological observer for the State Board of Health, and also United States Signal Officer for this place, informs me that the humidity of the atmosphere has averaged 95 per cent. during the month. We have had but little rain; there has been no ozone and little electricity.

During the same month last year we were afflicted by an epidemic of malignant diphtheria, at which time there was but little humidity, the weather was dry and hot, and from 80 to 90 per cent. of ozone, likewise an excess of electricity. We have no diphtheria here now, which might lead us to the conclusion that the late experience was largely influenced by the above-named meteorological conditions were it not for the fact that the disease is at this time prevailing in an epidemic form at Nashville, which is only twelve miles from Hastings.

The fact that the two neighboring towns should be scourged by diphtheria under such different meteorological conditions would lead us to look for an explanation as to the cause of this disease other than the above-named influences.

But enough, I give these facts as worthy of close study and observation by our practitioners, for only in close observation can we discover the hidden mysteries of our profession.

I. DEVER.

WHAT LACHESIS WILL DO.

BY I. DEVER, M. D., HASTINGS, MICH.

CASE I. Was called to see Mrs. —, aged fifty-five years. On entering the room, I found her sitting on a chair and naked to the waist, lamenting and in great agony; her hands and in fact whole frame *trembled* and shook as one stricken by some demoniac fear. Her face was a *pale ash* color and the very picture of despair.

She called my attention to a carbuncle which was situated about one inch to the right and on a horizontal line with the seventh dorsal vertebræ. It was a large carbuncle some five inches in circumference, *blue*, hard and so *sensitive* to the touch that she could not have the weight of any clothing whatever. I asked her to give me a history of her case, which was in substance as follows:

“For five years I have had carbuncles; they come *every year about the same time*; are so *tender* that I cannot have them touched; not even with a poultice; they *draw* and *burn*, and I feel as though I should die, I am so weak and nervous. Dr. K. has always attended me for them; they last two or three months, then I get well—to have them the *next year*. I always know when it is time for me to have them, for they always come on time. Dr. K. always gives me Morphine and poultices them with flax seed poultices, to which he adds tincture of Opium. I could not bear the poultice without the Opium.”

After I had heard the above history, I gave one dose of Lachesis 6m with directions not to put anything on the carbuncle, as I did not wish her to use any kind of poultice. On my visit next day I found her much better; did not give any more medicine. The carbuncle gradually disappeared without sloughing, as they had invariably done on previous attacks. I knew her for three years after I gave her the one dose of Lachesis, during which time she had no return of the disease.

CASE II. Mr. G—, aged seventy-three years, sanguine nervous temperament. Was called to see and treat him for

some "strange-looking sores, which he had on his hand," as they informed me. I found the old man weak and nervous; complained of a weak *feeling* about the *heart*; his pulse was 110, and very feeble; tongue coated *brown*, which *trembled* when he attempted to protrude it. His hands were covered with blue blisters, which would break and form deep and sloughing blue ulcers with ragged edges which showed no disposition to heal. I prescribed Lachesis 200. Called next day but once; patient better. Left Lachesis with the understanding that they should let me know in two or three days; at the end of which time he was still better. Sent Lachesis and discharged my patient who made a quick recovery; in fact the improvement was made from the first dose.

CASE III. Mrs. L——, aged fifty-three years; sanguine nervous temperament. About two weeks previous to the time when she consulted me, she had been bitten by a cat through the joint of the middle finger on the right hand. She described the pain as *drawing, burning*, extending from the bitten member to the axillary glands, of the same side. The finger was of a blue or purple color. She was weak nervous and restless; could not sleep at night for the burning, drawing pain. I gave her Lachesis 200, which caused the pain to disappear, and brought about a healthy condition of the finger without any other treatment.

CASE IV. Miss ——, aged seventeen, had typhoid fever five weeks, was treated by an Allopathic physician who had just been superseded by my Homœopathic friend, with whom I was called in consultation. She was supposed by her friends to be dying when we entered the room, and in fact every symptom pointed to a speedy dissolution. Her pulse could not be felt at the wrist; there was sub-sultus tendinum with low muttering delirium; the bowels were bloated and tympanitic. Had taken no nourishment for days. Her mouth was dry with sordes on her teeth, tongue dry and brown, presenting the appearance of having been burnt. She *could not protrude* it beyond the teeth.

We prescribed Lachesis 200 one dose; returned in two

hours to find her able to protrude the tongue; had swallowed a little water which she had not been able to do for some time before. Continued the Lachesis. She began to improve from the first dose, and made a good but of course slow recovery.

MODERN THERAPEUTICS.

BY J. W. CLEMMER, M. D., COLUMBUS, OHIO.

Read before the Central Ohio Homoeopathic Medical Society, March, 1882.

The high degree of perfection attained by science and art, gives to this age the most prominent position in the world's history. Medicine has kept apace with the spirit of the times, and shares the honor and glory accorded to other sciences. It is a lamentable fact, however, that the most important branch, therapeutics, is the most defective. If this were perfect, there would be no clashing of schools, and quackery would be unknown.

The only essential difference between the Old School and the new, lies in therapeutics. The perfection of the other branches benefits both schools alike, and in these departments there is a union of effort, and both schools have contributed to their development.

Therapeutics then, is the battle field of medicine. For seventy-five years there has been a constant warfare between two mighty forces. The battle smoke arises from every city and hamlet. The life and health of the people being their only end and aim, these forces cannot continue in even battle through coming time. Truth is not belligerent. Principles are peaceful. True science is on amicable terms with all the world, and the wild war-horse of passion, tamed by exhaustion, will sooner or later submit to the inexorable laws of truth.

In the early part of this century the medical profession was opposed by a new system of treating disease. Old methods were denounced as worse than useless. The new

system flourished in the face of bitter opposition. The cause of its prosperity lies in the discovery of a therapeutic law. The subsoil of *materia medica* was turned to the light of science. The study of the physiological action of drugs on the healthy system marked a new era in medicine. The law of similars was first indoctrinated, and the small dose of single drugs first practiced. The relation of the physiological action of drugs to diseased conditions was then established, and found an eternal resting place upon the rock of similars. This is the *fons et origo* of modern therapeutics.

The practice of Homœopathy is unchangeable. Its doctrine controls the uniform selection of medicines by various practitioners at all times and places. Its law guides the Homœopath of whatever age or nation to use the same drug in similar diseased conditions. Whatever may have hindered a more rapid progress of the new system, it is virtually to-day what it was at the day of its formation, and whatever of polish and perfection it may receive in the future, it will continue unchanged in all its essential features. Homœopathic therapeutics, then, is permanent in principle, constant and undeviating in practice. Being based upon nature's law—a fact born of demonstration and not of hypothesis—it needs only to overcome the obstacles incident to all advanced ideas in science to receive universal recognition and favor.

But what of Old School therapeutics. Theories about the curative action of drugs have been presented in kaleidoscopic variety, and now, after the boasted experience of centuries, there is not an element approaching exact scientific knowledge. In studying anatomy, physiology and pathology, the Allopath labors with microscopic exactness at the shrine of nature to disclose her secrets. His efforts are blessed with the fruits of scientific investigation. But in studying the curative action of drugs, he deserts nature, and relies upon, not what he knows from demonstration, not upon the pathogenesis of drugs, but he ignores nature's teaching in this respect, and with a pseudo-dignity sets himself in opposition, and prescribes from the fickle deduc-

tions of empiricism. There is no exception to the rule, even to cover the bruised head of Allopathy that, so soon as nature's teaching is ignored, science and system, principle and philosophy, are all scattered by the winds of confusion and discord. This is the condition of Old School therapeutics. It has no rule for the administration of drugs. It recognizes no law of cure. Nothing but arbitrary guides govern the selection of remedies, and these flit and flitter like weather cocks in a storm. Exploded theories are scattered all along the line of its history. One remedy found favor, only to be supplanted by another. Methods of treating disease have tumbled into practice year after year, without law or order, only to be followed by a succession of like inconsistencies and innovations. The confusion and disorder in Old School therapeutics are equalled only by a bull in a china shop.

This is in marked contrast with the stability and uniformity of practice in the New School. Uniformity and stability are the result of law and order. Truth is unchangable. Surely there is something fixed and unchangable in a correct system of therapeutics; drug action and diseased conditions are constant and undeviating according to natural law. The constant change of remedial agents and therapeutic theories only prove their own weakness, and yet, this is the history and character of Allopathy.

With these facts before them it is strange that they continue to boast of their lineage as though the practice of empiricism precluded natural therapeutic law. To see how well this pride is founded, examine history. Look into their manner of treating disease from the time of Hippocrates and Galen. Examine the drugs and doses administered. Contemplate what disgusting and baneful trash has been poured into the human stomach under the high toned name of scientific medicine. Who is able to compute or conceive the wholesale and barbarous mischief done to afflicted humanity. There is no room for arrogance or pedantry in this retrospection. Instead, shame must mantle the cheek of dignity.

Though there has been a constant ebb and flow on the waters of Old School therapeutics for centuries, the grandest revolution ever known in its history is taking place at present. The silent forces of reformation are at work, their muffled tones are heard and felt; and before many decades the fountains of the deep will be broken up. Doctrines that contain more of truth, and radical import, and subtile tendencies to the one great law of cure were never before advocated by Allopathic writers. These men have already condemned heroic treatment, and are as much disgusted with nauseating compounds, blister, cup and purge as their patients are. On this point I ask your indulgence for presenting one or two citations out of the many I might adduce. Dr. Nickels, professor of materia medica in the Ohio Medical College in his opening address last fall, speaking of the treatment of pneumonia, said that, "under heroic treatment in the Edinburg Infirmary during a certain period of five years the mortality was 35.9 per cent, while during the same period under the so-called expectant treatment, the giving of medicines to meet occasional symptoms, adopted by Skoda in the Vienna Charity Hospital the mortality was only 13.7 per cent." These words are significant and sound the tocsin of alarm. They need little comment. From their own deductions and statistics the Old School teach us that over 12 per cent of all the patients subjected to their barbarous treatment were not only deprived of their native powers to recover, but were pushed overboard by heroic treatment. Suppose this investigation were pushed to its legitimate end. Think of 12 per cent. of all Allopathic patients under heroic treatment going down to death that might have been saved by Homœopathic or even expectant treatment. Think of such a pernicious system forcing its victims by thousands into untimely graves. The white bones of ages piled mountain high are only fit emblems of heroic treatment. Is there an Allopath to-day, and there are many whom the wave of modern therapeutics has not yet reached, so bigoted, so prejudiced and wilfully ignorant as to argue heroic treatment in the light of recent investigations? Then

let him mount to the pedestal of statistics, or ride upon the top-most wave of drug destruction that has buried countless victims. Call this school boy warmth or heated imagination, but the caloric suggested for the culprit who violates the gospel of modern therapeutics is intolerably hotter.

The painful history of heroic treatment before the days of physiology and pathology, when the nature of disease was a mystery, is excused by an act of charity; but at present, in the day of scientific research, when rock and spirit are alike the objects of scrutiny and understanding, there is no excuse or apology for heroic treatment. The gross errors of the past are slowly vanishing before the light of Homœopathy, and now, that the heroic school has confessed its sins we have hopes of a bright future.

Dissatisfied and disgusted with old methods of treating disease the Old School once again make the effort to establish new doctrines. A cadaverous expression rests upon heroic treatment, and they are compelled to move on. Modern therapeutics and the physiological action of drugs are the burdens of their dreams by night and their songs by day. They are doing precisely what Hahnemann did nearly a century ago, i. e., to discard heroic treatment and study the physiological action of drugs in order to establish their therapeutic use. Dr. Nickels in his lecture on modern therapeutics already referred to, like Hahnemann of old, insists upon a precise knowledge of the behavior of drugs in the healthy organism. The practice heretofore of studying the effects of compound medicines in the sick, it is thought, is about as unscientific as the results proved fatal. Thus, the Old School has finally come around to the Homœopathic method of studying the physiological action of drugs on the healthy organism. This very study gave birth to Homœopathy. We hold a patient right on that idea, and yet the Old School are infringing upon it daily, and by substituting synonyms, they will soon be prepared to gulp down the whole truth under the name of physiological or scientific medicine.

Dr. Nickels says, and he only reiterates the doctrines

promulgated by Ringer, Bartholow and others: "Hence the chief object of the immense activity now displayed by investigators is to ascertain as precisely as possible *how* medicines act and to what extent they modify the functions in health and disease. The knowledge thus acquired, especially the action on the normal organism is known as the physiological action of medicines. It is obvious, that our knowledge of the physiological action of medicines should be complete, so that every effect resulting from their action could be explained, and the variations in their action dependent on difference of dose, place of application, time of day, and even constitutional peculiarities should be thoroughly understood. Much is being added to our information every year so that there is every reason to hope that before many years it will be possible to explain completely the therapeutic uses of medicines from their physiological action."

The last number of the *New York Medical Record* (Feb. 25, 1882) contains an article on Homœopathy, by Dr. A. T. Speer, of Newark, Ohio, being a paper read at the late meeting of the Licking County Medical Society of which he is the President. It is good reading. Without fear or favor, this medical gentleman plainly and candidly admits the correctness of our law of cure. I can but select a few sentences. He reviews the use of Aconite and Merc. as laid down by Ringer. Then to show that these drugs act Homœopathically when thus prescribed he quotes Burt. He says, "Are we better qualified to-day so far as having a definite knowledge why we use certain drugs in curing disease than we were fifty years ago? Will any gentleman present explain to me why he uses Mercury in any disease? Have we really made any progress in the practice of medicine except what has been forced upon us by those whom we regard as irregular practitioners?" Again he says, "Now gentlemen after the statement of Prof. Ringer, that in one form of diarrhoea Bichloride of Mercury acts more satisfactorily, and in another form gray powder, where shall we go to obtain some explanation or reason for this? Have we an author who will point it out to us? If we have I

have failed to find him. On the contrary the more I studied the matter the greater was my confusion until I sought in Homœopathic works for a solution, and then I found it clear and simple; and I may say that the indications for the use of the different mercurial preparations as pointed out by the earlier Homœopathic writers are those by which they are now governed in practice. We adopt the treatment empirically and are in a measure successful; but not recognizing the law by which it is administered we use the remedy at a great disadvantage. The principle of similia, no matter how much we may deny it, is still the only one by which we can explain the action of many of our most potent remedies."

From this it is evident that the Homœopath holds the key to the Utopian palace of modern therapeutics, about which our opponents are talking wisely and for which they are longing and hoping. This is the entering wedge into scientific therapeutics and all the Old School authorities are thumping away at this wedge. By and by, after the combined influence have settled down upon this knotty question, the great problem will burst asunder and at the heart and center will be found the philosophy of Hahnemann.

The curative action of drugs is explained by most Allopaths on the profound principles of actual experience. I wonder if we are ever to hear the last of empiricism. Shrouded as it is in an ignoble history it still stands like a Pagan god, an emblem of all that is good. A few more iconoclasts like Ringer and Bartholow are needed to do missionary work among the natives, and we are not without hope; these men are laboring in the right direction, and though the goal may be far off, scientific investigation is bound finally to lead up to the truth. Bartholow says that, "the therapeutic action is the physiological antagonist of diseased conditions." This smacks after similia, but does not embody its essential features.

Health is that organic persistence which is able to ward off noxious influences called disease, but when it is attacked and her equilibrium disturbed by morbid agencies the nat-

ural tendency of the vital powers is to react against them. All that a physician can do, all that medicine can do, is to aid this reaction of nature against disease. We are not masters but servants of nature. Reaction against most organic diseases is futile, for the reason that nature is not equal to the task, and in the present state of knowledge medicine is of little assistance. In other diseases, medicine is of importance by virtue of its ability to assist nature to a reaction. The use of drugs, then, is to aid the natural powers of health to react against disease. The Homœopathic remedy, by acting in a similar manner as the pathological process, only that its too violent action is obviated by the necessarily small dose, is followed by its secondary effects, a reaction consonant with that of the system; and thus nature is assisted in throwing off diseased action. These two activities, the medicinal and the pathological, are similar but not the same, and when brought in contact by means of the nervous system a reactionary neutrality follows, much as when positive and negative electricity come in opposition, they so act upon each other by means of a peculiar affinity as to obliterate all trace of their subtle existence. Now, if Bartholow intends by "physiological antagonism" that a remedy impresses that part of the organism for which it has a direct affinity according to its known behavior in health, I can see how to place truth beyond cavil, and base such a therapeutic action upon the law of similars. If this is not the real import of Bartholow's aphorism I do not comprehend any improvement over old methods. In fact I do not understand how any drug assists the reactive powers of nature only by its Homœopathicity to the diseased condition.

Discussion and contention between the schools have vibrated to and fro, and will continue to oscillate until the pendulum of truth will settle down somewhere between the two extremes. The logic of events points to the law of similars as being the center of attraction to which all research and development are tending. Year by year we see a little nearer approach to the broad principles of philosophic medicine. The Old School now take the same method

of studying drug action in the healthy organism as we do. They also claim as we do, that the therapeutic use of any drug should be determined by the nature of its physiological action. Further, they must admit that drugs act constantly and uniformly upon the same organs and tissues whether in health or disease, whatever may be the difference in result.

The physiological action of a drug cannot cure diseased conditions unless that action reaches the seat of disease direct. By means of recent investigation or by our example they have attained this giddy height. But this is not all there is in modern therapeutics. With nature's law manifested in drug action on the one hand, and nature's law manifested in disease on the other, there is still another natural law that hinges these two together and affords to man a rational and scientific method of treating disease. These three laws form the tripod of therapeutics. That there is a law of cure every Homœopath (and some that are not) knows by verification. What but prejudice prevents this truth from receiving the universal respect it deserves. "Truth crushed to earth will rise again," and it only remains for the Allopaths to cover it up with tautology and bald equivocations, and under cover of the physiological craze tend more and more towards Homœopathic doctrine, and practice until they will be glad to honor the truth they once crushed and detested.

As the school of empiricism approaches nearer to the truth of modern therapeutics they will find, as indeed they have already ascertained, and as Hahnemann did long before them, that it is not only necessary to study the relation of drug action to disease, but that the matter and manner of dosage must undergo a radical change. This is another evidence of the tendency towards Homœopathy. The time was when patients were put to the test to see how much medicine they could take and not die. Now the test is to see how little medicine they should take and live. The more advanced a physician becomes the less medicine he gives.

Disks, tablets, granules, pillules, parvules—anything but the Homœopathic pellet in name containing minimum doses

are furnished by all pharmacists in answer to the demand and consumption of small doses of medicine. The most eminent writers are advocating the doctrine of small doses. But mark you these drugs are recommended in entirely different diseases from which they have hitherto been used, and it is remarkable what excellent Homœopathic prescriptions are thus evolved from the profound principles of experience. How did the Allopathic fraternity learn of the value of small doses of Aconite in fevers, Ipecac in vomiting, Bell. in erysipelas, sore-throat and scarlet fever, Tartar emetic in bronchitis, Merc. in certain forms of diarrhœa and dysentery, Nux vom. in certain gastric disturbances with headache, Ars. in cutaneous diseases, œdematous conditions, gastric disorders, etc. I need not prolong the list, you are acquainted with the fact that the Allopaths pour out their calumnious abuse upon us in public, but alas! only to ape our practice in private, whenever it suits the occasion, and this is not infrequent. Some pride themselves in dispensing Homœopathic medicine. Oh ye men of the Old School where is your nobility, your consistency and honesty? You had better bury such perversion of virtue with your ancient love of heroic treatment at the bottom of the dead sea of empiricism. It is only natural and proper that you should act wisely, and no doubt you will cure more patients with small doses than you killed with large ones. You are better physicians to-day than ever before, and just in proportion as you follow the present tendencies you will continue to improve. Another point; the question of consultation with Homœopaths is boiling over in the pot of medical ethics. Your journals and societies are discussing it. This rap at the door of ethics comes from within, not from without. The Homœopath has no reason to ask admission. Your own selfish interests and proclivities toward Homœopathy demands fellowship with its practitioners, and ask that the shackles of intolerance do not hobble the onward march of progress. The New York State Society has already so modified their code as to admit of consultation with Homœopaths. I tell you gentlemen that the spirit of small doses has of

late years gone out into the byways and hedges to proclaim the efficacy of Homœopathy. Its correctness in principle and approximate perfection in practice have forced a recognition of its therapeutic law upon the minds of Old School writers and urged them to attain higher ends. In so doing they disclaim any sympathy or favoritism with the law of similars, and ostensibly base their advancement upon experience. They are very careful to deny Homœopathic tendencies. Never before were Allopaths denying Homœopathic tendencies, but why deny unless the thing denied has an existence in fact. It matters little how or by what means they attain these facts and doctrines we have had in possession since the day of our birth, the end is the same. Then why not give honor to whom honor is due and admit the inevitable logic of fact.

Call it empiricism, scientific advancement or what not, the simple unvarnished truth is that there is something at work in Old School therapeutics that is discarding heroic treatment, as Homœopathy does; something that begins to appreciate pure drug proving, as Homœopathy always did; something that begins to argue single drugs instead of disgusting compounds, as Homœopathy does; something that begins to prize the necessity of small doses, as Homœopathy does; something that is gaining popularity and prestige among the people, as Homœopathy is doing; something that proves superiority by investigation and statistics whenever put to the test as in the late yellow fever epidemic, as Homœopathy did; something which continued in the same line of aggression will sooner or later pull the throttle out of Old Medicine and run its long train of absurdities and inconsistencies into the gulf of oblivion, as Homœopathy is doing.

Facial Erysipelas.—I would call attention to the value of a solution of Ergotine (1 in 50) as a local application in facial erysipelas. In an outbreak of that complaint which occurred in my practice a few months back, the relief to heat and pain, the reduction of swelling, and the rapid subsidence of the disease, were most remarkable. I therefore venture to suggest its trial at the hands of other members of the profession.—*Brit. Med. Journal.*

THE DUTIES OF THE HOUR.

AN ADDRESS DELIVERED BEFORE THE INTERNATIONAL HAHN-
EMANNIAN ASSOCIATION AT INDIANAPOLIS, JUNE, 13, 1882.

BY C. PEARSON, M. D., WASHINGTON, PRESIDENT.

"In a science in which the welfare of mankind is concerned, any neglect to make ourselves masters of it becomes a crime."—*Hahnemann*.

These were noble words and nobly uttered, and while Carroll Dunham was willing to accord to every physician the right of private judgment or "liberty of medical opinion and action," he at the same time wished him not to lose sight of the fact that he assumed a "great responsibility."

When a prominent personage in the prime of life succumbs to disease, or its injudicious management, how often do we hear the expression, that all that medical skill and science could do, had been tried and failed; nothing is more common than this, and yet nothing as a general thing is more untrue.

In a majority of cases the only thing that would have proved efficacious was not resorted to at all. "I will save the life of my patient," says the advocate of freedom of medical opinion, "and I care not how it is done." This, at first sight seems to be commendable, but is it true? Very rarely; for when those who are most ready to make this statement are advised to resort and adhere to Homœopathy as taught by its founder, they obstinately refuse and their patients die from neglect to comply with the only principles nature has provided for their recovery. And yet we hear them exclaim: "Would *you* let your patients die for the sake of adhering to a principle?" "Yes," I reply, "if die they must, rather than kill them for the lack of principle."

When a reform is greatly needed, it is thought a reformer usually appears, and seldom was a reform in anything more implicitly demanded than in medicine when, at the beginning of the present century, Hahnemann commenced to promulgate the true doctrine of therapeutics. But this was so far in advance of the age and so contrary to popular

sentiment that, like all other reforms that have blest the world, it was derided and rejected. In order to overcome this prejudice it was thought best by some of his so-called followers to compromise to some extent with his opposers, and this spirit of compromise then set up has never ceased, but, on the contrary, has become bold, defiant and aggressive; which is usually the case when any attempt is made to compromise truth with error.

At a meeting held in New York on the eighty-ninth anniversary of the birth of Hahnemann, April 10, 1844, to organize the American Institute of Homœopathy, very little of this disposition to compromise was manifested; the object seemed to be a union for the sake of strength and for the best interests of our school; hence it was resolved that

“WHEREAS, a majority of Allopathic physicians continue to deride and oppose the contributions to the *materia medica* that have been made by the Homœopathic school; that one of the objects of the Institute shall be to restrain physicians from pretending to be competent to practice Homœopathy, who have not studied it in a careful and skillful manner.”

And at the second session it was resolved not to admit any one as a member who could not sustain an examination before the Board of Censors, on the theory and practice of Homœopathy. From this it would appear that the great object in organizing the American Institute was to promote the cause of Homœopathy. But how does that Institute stand to-day in reference to this matter? Not one word is said about any knowledge of Homœopathy being a necessary qualification for membership.

Hahnemann, at an advanced period of his life, asserted that he could count on the fingers of one hand all his faithful disciples, and though we think a greater number may be found to-day, still it cannot be denied that his true followers have not increased in the same ratio as those whom he denounced as the “new mongrel sect.” One who ever since the organization of this association has been the most noisy and vituperative in regard to it, in an article published in the November, 1881, number of the *Medical Times*, says:

"That the early Homœopath, the 'International,' is swiftly going to the wall, is demonstrated when we compare the relative increase of the two parties; at the first quarter of this century 100 per cent. were 'high;' at this date only one and one-half per cent. are of the original stock." In this same journal, which has ceased to fly the Homœopathic flag at its mast-head, the editor says: "We are something more than Homœopathic. While we practice Homœopathically, we profess to have sense enough not to attempt to apply the principle where it does not belong." In an article published in the October 26, 1881, number of the *Medical Counselor*, the writer, who styles himself one of the oldest members of the Homœopathic School, after advocating a union of the two schools of medicine, in speaking of the doctrine of dynamization, says: "The like of which, from a Homœopathic point of view (!), for bold absurdity, pure fictitiousness and absolute unreasonableness, has seldom been witnessed in medical history, certainly not in our day." To this distinguishing feature, if not cardinal principle of Hahnemann's Homœopathy, this same writer applies such mild and complimentary adjectives as "visionary," "pernicious," "ridiculous and untenable," "extravagant and unjustifiable," "dangerous doctrine," "dynamization craze," "singular medical delusion," etc., and boasts that the large class to which he belongs are unbelievers; says they are not only unbelievers, but they *know* that dynamization has no lot or part with Homœopathy; that they *know* it was only a fanciful creation of Hahnemann, "that every day we allow this empirical method to be taught at our colleges, we are *acting a lie*." "Every day that we listen to reports of the nondescript dynamic cases at the meetings of our societies and publish them as Homœopathic without protest, we are acting *a lie*." A man once insisted that he had seen the devil, whom he described as having large ears, a long tail and in every respect resembling a great ass, but it was afterwards ascertained that he had only been frightened at his own shadow.

It is said that dealers in stock and in fish become so im-

pregnated with the odor of their business as to be impervious to the perfume of a flower, and those who speak so glibly of lies, are usually so filled with *their subject* as to be oblivious to everything else.

Now, it becomes important to know what proportion of the so-called Homœopathic practitioners of the country these writers represent. Their effusions are published in the journals with scarcely a protest or comment, unless it come from a member of this association.

It is barely possible that these windy disciples of Hippocrates have no influence and represent no one but themselves; that all their accumulation of gas only requires a few doses of Carbo veg. or Lycopodium, and yet if they do not represent the masses, why are they, without a word of reproof, permitted from month to month and from year to year to vilify and falsify the plain teaching of Hahnemann. Political papers usually represent the principles of their party; in theology, the church literature is usually the criterion by which we judge their belief. Very few so-called religious papers would publish Paine's "Age of Reason," and it is *painful* to know that greater heresies in regard to medicine are permitted to find a place in our literature. Only think of the *Christian Advocate* publishing, without a protest, Col. Ingersoll's lecture on the "Mistakes of Moses." Don't you suppose there would be some exceptions taken to it by some of the subscribers who supported that paper; and when all other remedies had failed would there not be likely to be another organization formed, probably an "International," adhering to orthodox principles? For in that case many would be likely to read the Mistakes of Moses, who knew very little of Moses himself, and in this case many read the denunciations of Hahnemann's teaching's who never read his *Organon* in their lives, or if so, they probably lacked the capacity to comprehend or indorse it.

In an editorial in the *Hospital Gazette*, an Allopathic medical journal published in New York, under date of April 25, 1878, the editor after saying that Homœopathy has died

by committing suicide, refers to resolutions passed by the Homœopathic society of that city as follows:

“The Homœopathic society of this city has declared that it will no longer ‘obstruct science,’ or make itself the jest and amusement of a laughing world, and it has formally announced its intention in the future to use any medicine which experience has proven to be useful, whether it operate in accordance with the rule *similia* or of *contraria*, etc. In short, to use what medicine they please without reference to rule or doctrine; and this is now, and always has been, the precept and practice of the school of medicine from which for the sake of gain, in or that they might profit by a stupid but popular delusion, they had formally separated themselves. In admitting this they have virtually, so far as they and their followers are concerned, terminated the existence of Homœopathy. As to the number of deserters, those gentlemen who have taken the lead in firing upon, and hauling down their own flag, say that not three genuine Homœopathists can be found in this city, probably not one, [rather rough on some of the members of this association,] not so many as were required to save Sodom and Gomorrah.”

Then he proceeds to denounce them; does not wish to own them or to be considered as belonging to the same family with them; hopes in looking for a new name they will not call themselves doctors; thinks Eclectics or noodles would do better.

Smythe, in his work on “Medical Hérésies,” after quoting from numerous writers of the Homœopathic school, to show they have abandoned every cardinal principle of Hahnemann’s Homœopathy (and there is not and never was any other), in referring to the preamble and resolutions adopted as the platform of the International Hahnemannian Association, says: “The formation of this association and the adoption of this platform of principles is a return to the pure, inflexible, dogmatic Homœopathy of Hahnemann.”

This is true, and, from a conservative standpoint, well expresses the sole object of those who instituted this move-

ment. They beheld this retrograde tendency on every hand; from our journals and from our colleges they witnessed it in the striking out of the word Homœopathy in relation to the qualification for membership in the American Institute, and from some of the journals of the country. They became painfully conscious of it from the crude prescribing and consequent failures of so-called Homœopathic physicians growing out of this "liberty of medical opinion and action." They looked across the water to the home of Hahnemann and Boenninghausen, and saw that just in proportion as the principles of these veterans were abandoned, just in proportion had Homœopathy become unpopular. They saw the *Organon* of the former, around which the true men of the past were wont to stand as a wall of adamant, denounced and spit upon and strange gods instituted in its place. In view of these facts it was thought necessary to organize the International Hahnemannian Association, to demonstrate that the Homœopathy of Hahnemann had still a local habitation and a name, and to defend and maintain the principles which, as a Homœopathist, he taught.

This was the great object, end and aim, the preamble and resolutions adopted at our first meeting fully testify, while the necessity for the existence of such an association is demonstrated by the calumny heaped upon us by many of the physicians and journals of the drifting wing of the Homœopathic school. These resolutions have been denounced as un-Hahnemannian and non-Homœopathic, together with other charges equally false and, if possible, equally foolish.

This declaration of principles claims first that the "*Organon* of the healing-art, as promulgated by Samuel Hahnemann, is the only reliable guide in therapeutics," and it is marvelous how any one at all familiar with the teachings of the "master" can deny this; and yet it has been denied and its meaning been perverted and misrepresented. We have in this been accused of ignoring our works on *materia medica* and practice as guides; but that no such construction was ever intended to be put upon this language, perhaps no honest man believes. As the *Organon* preceded

our other works, of course it was, or should have been, their "only reliable guide," and that it clearly teaches that Homœopathy consists in the law of the similars in part, no one will deny; but that it consists wholly in this no one who accepts our first proposition for a moment believes, for if so, then Hahnemann originated nothing but the name, the law having been known to others centuries before his time; and it had also been demonstrated that crude drugs prescribed according to it were not only inexpedient but injurious, and for this reason both the law and the practice fell into disrepute.

- But we declare further that the system of Hahnemann requires more than the law—that the single remedy is necessary. In paragraph 169 of the *Organon* we read "It may easily occur, on examining a disease for the first time, and also in selecting for the first time the remedy that is to combat it, that the totality of the symptoms of the disease is found not to be sufficiently covered by the morbid symptoms of a single medicine, and that two remedies dispute the preference as to the eligibility in the present instance, the one being Homœopathic to one part of the disease, and the other still more to another. It is then by no means advisable, after using the preferable of the two remedies, to take the other without examination, because the medicine given as the inferior of the two, under the change of circumstances, may not be proper for the remaining symptoms, in which case it follows that a suitable Homœopathic remedy should be selected for the new set of symptoms in its stead."

No mixing of remedies is advised here, no alternating or rotating, but each medicine is to be given separately and singly, because of its adaptability to existing symptoms.

And not only is the single remedy advised but the "minimum dose." In paragraphs 279 and 280 we are told, "The dose of the Homœopathic remedy can never be sufficiently small so as to be inferior to the power of the natural disease which it can, at least partially extinguish and cure, provided it be capable of producing only a small increase of symptoms immediately after it is administered." "This incontro-

vertible axiom, founded upon experience, will serve as a rule by which the doses of all *Homœopathic medicines*, without exception are to be attenuated to such a degree that after being introduced into the body they shall merely produce an almost insensible aggravation of the disease. It is of little import whether the attenuation goes so far as to appear almost impossible to ordinary physicians whose minds feed on no other ideas but what are gross and material, all their arguments and vain assertions will be of little avail when opposed to the dictates of unerring experience." And not only are the single remedy and minimum dose advised, but this must be of the "dynamized drug." This appears to be plainly set forth in paragraph 16 of the *Organon*, where it is said, "The vital principle as a spiritual dynamis cannot otherwise be assailed and affected than in a (dynamic) spiritual manner; neither can such morbid disturbances, or, in other words, such diseases be removed by the physician except in like manner by means of the spiritual (dynamic virtual) counter-vailing agency of the suitable medicines acting upon the same vital principle."* Whatever exceptions may be taken to this language of Hahnemann as to a vital force and spiritual property in drugs, it is very evident that the disease-producing, as well as the disease-curing agent is invisible or spirit-like, and this is probably all that he claimed, that this principle is not imparted to the drug by trituration and succession, but only developed and set free by this process, being latent in the drug itself, seems to be most plausible. That neither the law of the similars, the single remedy or the minimum dose of the dynamized drug alone constitute the system of Homœopathy, is so plainly taught by Hahnemann that it would seem to be a useless waste of time to discuss it in the presence of those who are his followers in fact as

*This controversy between the vitalists, or spiritualists, and the materialistic school, is as old as Athenaus (A. D. 50); it was again revived by Stahl in the seventeenth century. Each party has its advocates to-day as it had eighteen hundred years ago. Hahnemann might be said to have belonged to the former. It is useless to contend about what we can know little or nothing, but one thing we do know, that whereas medicines will not act on the lifeless body, the life principle, whether it be called vital, dynamic, spiritual, or what you please, must be the medium through which they do act on the general system.

well as in name. He says on page 630 of the Lesser Writings: "The medicine does not accomplish its object by means of quantity but by potentiality and quality (*dynamic fitness Homœopathy*)."

That numbers of professed Homœopathsists not only violate these tenets but largely repudiate them, and that an effort has been made on the part of such physicians to unite the Homœopathic with the Allopathic school, we have already shown, and in view of these facts we resolve that the time has fully come when legitimate Hahnemannian Homœopathsists should publicly disavow all these innovations referred to. We declare that the mixing or alternating of two or more medicines is not Homœopathy as Hahnemann taught it, and he probably knew what he wished to say as well as those who think they know what he should have said. On these two points it is certainly not necessary to dwell, as every candid reader of his works must know that he plainly taught the use of one single, simple substance at a time, one remedy for one class of symptoms, another for another, after the former had expended its action. In regard to his directions in reference to the dose and its repetition, Dr. Dunham once said, "Not pretending that we do not often, through errors in judgment infringe them, we are sure that whenever we do so, misfortune follows, and that in proportion to our faithfulness, so is our success." * * *

"The prejudice in favor of large and many doses is a relict of past ages, when the practitioner was paid not for his skill and professional services, but for the *medicines* he furnished—a barbarous usage, which, along with slavery, we received from our British progenitors."

Why should we forget this and remember only what the same writer said in reference to "freedom of medical thought and action?" Why should we remember that Hahnemann cured a patient with the tincture of Bryonia, and forget that after he had discovered a surer and better way he condemned this treatment as unsafe and unreliable?

"In non-surgical cases we disapprove of medicated topi-

cal applications and mechanical appliances as being also non-Homœopathic."

This, like all the rest of our resolutions, is Hahnemann's teaching. Let objectors make their fight with him, as some of them are honorable enough to do, and not with us.

In paragraph 203 of the *Organon* he says, "Every external treatment of a local symptom whose aim is to extinguish it on the surface of the body without curing the internal miasmatic disease, such, for example, as that of destroying a psoric eruption on the skin by means of ointments, healing up a chancre by the use of caustic, destroying the granulations of syccosis by ligature, excision or the application of a hot iron is not only useless, but injurious."

* * * * "This is the most criminal practice physicians can adopt." "We cannot recognize as Homœopathic such treatment as suppresses symptoms by the primary or toxic action of the drug."

Whoever, therefore, suppresses for the time-being pain with Morphine, intermittents with Quinine, constipation with Podophyllin, etc., is prescribing by contraries to all intents and purposes, and every supposed cure thus effected is brought about in precisely the same manner that Allopaths are now, and have been for centuries, effecting theirs; if it be Homœopathic for one class of physicians it is so for another, and he is the best Homœopath who exhibits the largest powders and pills. Now we have no sympathy with such treatment, and do not wish to hold ourselves or Homœopathy responsible for its many failures.

We have already referred to the denunciation of Hahnemann and his teachings by self-styled Homœopathists, and that we regard all such as recreant to the best interests of Homœopathy is, to say the least, "drawing it mild."

For the purpose of promoting these sentiments, in the month of June, at the city of Milwaukee, in 1880, this International Hahnemannian Association was organized, which now, at the expiration of the second year of its existence, numbers over sixty members. We do not claim that this list comprises all the Hahnemannians in the world; we hope

there are others who will still join us, and I would suggest that Article III of the By-laws be so amended that a two-third majority may elect, instead of its having to be made unanimous, as is now the case. Some members may object to applicants for personal reasons, and these objections shall not be allowed to have a controlling influence in this association. The question to be considered is, "How does the applicant stand Homœopathically?" Does he indorse our platform of principles, and practice what he professes? Is he uncompromising in his adherence to Homœopathy as Hahnemann taught it? If so, as we are not exclusively a moral reform, but a *medical* reform society, we most respectfully ask him to join and help us, taking it for granted that none but gentlemen will apply, and that they are therefore morally eligible.

Another section I would suggest in our By-laws, or the adoption of a resolution to the same effect, that inasmuch as our association is international in its character, that foreign members, for all officers of the association, be permitted to vote by proxy.

It was not the original intention in organizing this association, to be antagonistic to any other. If any refuse to join us, because in sentiment we may differ from them, it proves nothing except that they differ from us and from the inductive doctrine of Hahnemann. That there is between the Homœopathic and the Allopathic schools, an impassible barrier, no one can deny, the latter removing effects by palliative contraries, the former removing causes by similars. That the latter have within the last quarter of a century in a great measure discarded the large saddle-bags and doses of former years, is doubtless greatly to be attributed to the reform that Homœopathy has inaugurated; at the same time, while the quantity of their drugs has been greatly diminished, their potency has been correspondingly increased.

The tincture of *Nux vomica* has given place to the deadly *Strychnia*, Gum opium to *Morphine*, and Peruvian bark to *Quinia*; and while we now hear little said of *Calomel*, this

poisonous metal, the hydra-headed Hydrargyrum, is given in no less than thirty compounds.

And while with their capsules, their granules and sugar-coated pills, they make a crude outward imitation of Homœopathy, the enemy is only concealed in a Trojan horse, and when smuggled into the stomach will do its destructive work all the same. Did Homœopathy consist only in small doses as weighed in Allopathic scales, then indeed are these men practicing Homœopathy, but as we have shown that neither small doses of crude-drugs nor the law of the similars, or both these together constitute Homœopathy, no one who prescribes in this way can be accredited with practicing it whether he claims to belong to the regular, irregular or defective school; and those who thus prescribe are no more Homœopathic with, than without the name: for here is the border-land where we separate, here the Rubicon crossed by Hahnemann after half a century's experimenting with crude drugs, here he bade them a final farewell, and here his true followers part company with the drug school, take up his line of march, not being restricted to the necessarily circumscribed investigations of one lifetime, however long and arduous, but disposed to still pursue his researches in the direction he pointed out.

If, instead of advancing with us, others should tarry by the way or turn backwards to group amongst the exploded systems, falsely so-called of the past, it is their privilege, but let them first renounce the name of Hahnemann and discard all connection with his school.

We have no disposition to conceal the fact that of late years this divergence in our ranks has been going on to such an extent that to-day there is less similarity between the Hahnemannian and the eclectic branches of the Homœopathic school in the management of the skin, than there is between the latter and the more advanced Allopaths; in fact, their cures, where they effect any, are usually brought about in the same manner by the primary action of the drug. This dangerous and delusive practice of treating diseases as though they were local, of lopping off branches

while the roots remain, of suppressing effects without regard to causes, of silencing the voice of pain with narcotics and anæsthetics, cause the patient and his friends to congratulate themselves on his improvement, and so he continues to improve till he dies. This deceptive custom—for it does not deserve the name of science or system—of treating organs as though they had no relation to the general system, and that each must necessarily have its special physician, has misled the community and filled the world with humbugs and charlatans. Quite recently a case came under my observation where in an attack of pleurisy the physician resorted to hypodermic injections of Morphine, and when soon afterwards he was consulted as to the patient's chances of recovery, replied that it was very difficult to tell now, as he was under the influence of an opiate; before the doctor's arrival the case was doubtless less complicated. Is it any wonder then that those who believe that Hahnemann taught another and better way, should feel no disposition to be held responsible for the numerous failures that have always attended, and must forever attend, such treatment? For where this so strikingly assimilates, can we expect the results to be widely different? for so long as oil and water refuse to unite; so long as heat and cold continue to be opposite extremes; so long as light and darkness or truth and falsehood remain antagonistic, so long both in theory and in practice will the Homœopathic differ from the Allopathic school.

I would further suggest that Article I, of our By-laws, be so changed that the meetings of this association may not be dependent in any way on those of the American Institute, and as we do not propose to be held responsible for much of the practice indorsed by a majority of its members, I can see no good reason why we should longer continue our connection with it. Of course, I do not speak officially in this matter, but only as an individual, and as such, have no hesitation in declaring that if the heresies advocated by some of its leading members are henceforth to become its governing principles, I for one, am willing to follow or to lead in the direction I have suggested. "If this be treason, make the

most of it." But it is not treason; it is loyalty to principle, loyalty to science, and loyalty to pure, legitimate Homœopathy.

In an article published in the March, 1882, number of the *North American Review*, on the "Fallacies of Homœopathy," by Prof. Palmer, amidst a great mass of falsehood and misrepresentation, we are pleased to find this spasm of truth: "One believing in the efficacy of infinitesimals and in the injurious effects of medicines in crude forms and sensible doses, could not consent, with any regard to the supposed interests of his patient, to the administration of the larger doses. If, for the purpose of securing patronage, the Homœopathists pretends to a superior system in which he does not believe, and to a better practice which he does not follow, he is a charlatan and a pretender, unworthy of confidence or honorable associations."

Do our *liberal* Homœopathic friends like the colors in which these Allopathic painters, with whom they would affiliate, have drawn them? Are they willing to

"Walk under their huge legs and peep about
To find themselves dishonorable graves?"

Then they must not complain of the treatment they receive. An honest man will never respect honesty in others, and any attempt on the part of members of either school to unite them on any middle-ground will, and of necessity ought forever to, be a failure. The difference is too great, the chasm too broad, to ever be bridged; contraries or similars, not contraries and similars, for both cannot be true; neither can truth be found between them, and while it may be that

"Truth crushed to earth shall rise again,"

it may not do so in one age or generation, and it is better to prevent it from being crushed than to attempt its resurrection afterwards.

For this, the International Hahnemannian Association has been organized, and to this end let us, like a band of

brothers, devote our best energies, laying aside all personal differences and minor considerations,

“All trivial fond records,
All saws of books, all forms, all pressures past
That youth and observation copied there;
That this commandment all alone may live
Within the book and volume of the brain,
Unmixed with baser matter.”

TREATMENT OF ACUTE ARTICULAR RHEUMATISM.

BY DR. JOUSSET, OF PARIS.

Translated from the Spanish Archives de la Medicina Homeopatica, by Ch. Gatchell, M. D., Chicago.

Aconite, *Bryonia*, and the *Sulphate of Quinine* are the chief remedies in acute articular rheumatism. Salicylic acid is a new agent in which I have but little confidence. *Pulsatilla*, *Viola odorata*, and *Colchicum* have a very limited application.

1. *Aconite* is the principal remedy when the febrile movement is intense, the pulse full and strong, great thirst, much anxiety and restlessness, in inflammation of large joints, especially of the lower extremities, when there is much redness and swelling. I prescribe the *Aconite* to be given, twenty drops of the mother tincture in a glass of water; every two hours a teaspoonful.

2. *Bryonia* is frequently indicated after *Aconite*, when there is less fever; this medicine corresponds more to the arthritis than to the febrile movement; inflammation of the large and of the small joints, with red or pale swelling, aggravated by contact or the least motion.

3. *Sulphate of Quinine* is the principal remedy in acute articular rheumatism, when the febrile movement is remittent. In heavy doses, three, four and five grams a day, it is a medicine which frequently subdues the rheumatism, as does Salicylic acid; but, like the latter, it is a dangerous

agent, and the attack results in sudden death from cerebral rheumatism. A weak dose, of five centigrams of the first centesimal trituration to ten centigrams of the substance, occasion less disturbance, and it is the safer and better treatment for articular rheumatism. I prescribe one of the above doses in four ounces of water, a teaspoonful every two hours.

4. The Salicylate of Soda, in a dose of several grams, subdues the rheumatism in several hours; but sometimes its use is dangerous. With mild doses, of the size already indicated for the Sulphate of Quinine, I have produced several cures, but neither the pathogenesis nor clinical observations are as yet complete enough to permit me to give any indications for its use.

5. *Pulsatilla* is indicated by a very moderate febrile movement, by a mild arthritis, and the pains are relieved when the patient changes his position in bed, or by any great movement of the affected parts. The dose is several drops of the first dilution.

6. *Viola odorata* has been frequently prescribed by Dr. Tessier, in mild cases, but in patients of nervous organization. The dose is the same as that of *Pulsatilla*.

7. *Colchicum* follows well after *Bryonia*, when the swelling has disappeared, the pain is accompanied by a sensation of burning, and is increased from contact. Hartmann recommends it in the treatment of rheumatism which comes in summer, when the pain is greater during a storm; dose of the third or sixth dilution.

Complications and metastases.—Acute articular rheumatism may be complicated by inflammation of the visceral serous membranes; we will study the treatment of two of these complications: one, which occurs very frequently, rheumatism of the serous membranes of the heart; the other, which is generally fatal, cerebral rheumatism.

A. Rheumatic Endocarditis.—The elevation of temperature, the dyspnoea, the præcordial pain, and principally the signs afforded by auscultation, enable us to detect the invasion of the heart by the rheumatic inflammation. Aconite, Cactus,

Colchicum and Arsenicum are the principal remedies for this complication.

1. Aconite stands first; it is indicated by the intense febrile movement, by the hard and frequent pulse, flushed face, thirst, violent palpitation, severe pain; or by the sinking sensation in the epigastrium, rapid respiration, tendency to syncope, and the high-colored and burning urine. Dose, twenty drops of the first dilution in half a glass of water, to take a teaspoonful every two hours.

2. Cactus is indicated after Aconite when there is a less violent febrile movement, with feeling of constriction, as of a band, or the symptoms of angina pectoris. The same dose and the same method of administration as of Aconite.

3. Colchicum has been praised by many omœopaths in the treatment of rheumatic endocarditis. Its pathogenesis is not very rich, notwithstanding Hartmann has noted: oppression with anxiety, tearing pain in the cardiac region, violent and rapid palpitations, pulse small, hard, irregular and very frequent, urine scanty and turbid. Frequently it can be alternated with Aconite, and in the same doses.

4. Arsenicum is useful in very severe cases; it is indicated by the feeling of suffocation, small, weak, irregular and fluttering pulse, the urine turbid, bloody and albuminous, extreme anxiety, nightly aggravations. The sixth dilution is the preferable dose, two drops in half a glass of water, a teaspoonful every two hours.

B. *Rheumatic Pericarditis*, Aconite, Cannabis, Cantharis, Apis and Arsenicum are the principal remedies.

1. Aconite, early, when there are the symptoms enumerated under endocarditis.

2. Cannabis after Aconite, when the febrile symptoms have subsided; it is indicated by a feeling of tension and pressure under the sternum, dyspnoea, faintness, spasm of the diaphragm. Hartmann, who recommends it highly, prescribes it in the first and second dilutions.

3 and 4. Cantharis and Apis are indicated principally by the abundance of the effusion. They may be given in the third dilution.

5. Arsenicum is useful in cases similar to the two preceding; the orthopnoea and tendency to syncope being its precise indication; use it in the third trituration. It may be alternated with Cantharis, dose every two or three hours.

Aspiration of the pericardium is called for when the effusion is so great as to make suffocation imminent.

C. *Cerebral rheumatism** announces itself by a considerable rise in temperature; coma and delirium. In this complication the danger is very great, and death almost inevitable. Opium and Belladonna are the two principal remedies.

Very recently *baths* of a temperature of 70° F, have been claimed to be an infallible remedy in the treatment of cerebral rheumatism.

1. *Baths* of 70° F. Baths are indicated by the excessively high temperature. Its first effect is to reduce the temperature and subdue the delirium. Repeat the bath as soon as the temperature again rises to (40° C.) 104° F.

This practice has been followed by a great many cures; but it is necessary to preserve a wise conservatism, and not to accept anything as infallible.

2. Opium is the chief remedy when the coma is very deep, the respirations long and sighing, the pulse full, the pupil contracted, the face flushed and swollen, skin moist. The second dilution, twenty drops in half a glass of water, a teaspoonful every two hours.

3. Belladonna is to be preferred to Opium when delirium predominates, when the heat is excessive, one cheek red and the other pale, the pulse small and frequent. This medicine is to be administered the same as Opium.

When the pain is very severe it may sometimes be relieved by enveloping the affected joint with cotton and carefully covering this with oiled silk.

Coffea and Chamomilla in the sixth dilution, a drop every hour, quiets the pain.

In exceptionally severe cases I have given (three or four

*By this term, Dr. Jousset means inflammation of the cerebral meninges, occurring in the course of an attack of acute articular rheumatism. CH. G.

times in ten years) hypodermic injections of Morphine to relieve the pain.

The diet should consist of milk or broths, drinking them freely. This constitutes the whole of the regimen of acute articular rheumatism.

Burns.—An extensive stinking burn may be purified by a single application of the Iodoform powder; we have ourselves employed it in such cases with the greatest possible benefit, and it may be remarked that if it be intended to dress the burn with protective and boracic lint (a most excellent application in such cases), the use of the Iodoform gives this great safeguard that supposing a spot of putrefaction be left beneath the protective, or putrefaction spread inward beneath the edge at the part from which the greater part of the discharge escapes, the mischief does not extend itself, but is limited or subdued by the Iodoform in its neighborhood.—*Med. Times and Gazette.*

Mosquito-Bites.—As a protection against mosquito-bites, the natives (Ceylon) smear the skin with lime-juice. After bathing, this is said to be very effectual. Various remedies have been recommended, either as prophylactics or as affording relief, such as Cocoa-nut oil, Solution of Ammonia, etc., but the application I have found most effectual is to smear the hands, when bitten, with a moist cake of soap, and allow the thin lather to dry into the skin. I have frequently been obliged to resort to this for relief, and have found that all itching and pain disappeared in ten or twelve minutes after the application was made, and did not again return. Besides being effectual, it has the advantage of being always at hand and easy to use.—*Edinburgh Med. Journal.*

Soda a Remedy for Burns and Scalds.—The author in 1844, whilst engaged in some investigations as to the qualities and effects of the alkalis in inflammations of the skin, etc., was fortunate enough to discover that a saline lotion, or saturated solution of the Bi-carbonated soda in either plain water or camphorated water, if applied speedily, or as soon as possible, to a burned or scalded part, was most effectual in immediately removing the acute burning pain; and when the burn was only superficial, or not severe, removing all pain in the course of a very short time; having also the very great advantage of cleanliness, and, if applied at once, of preventing the usual consequences—a painful blistering of the skin, separation of the epidermis, and perhaps more or less of suppuration. For this purpose, all that is necessary is to cut a piece of lint, or old soft rag, or even thick blotting-paper, of a size sufficient to cover the burned or scalded parts, and to keep it constantly well wetted with the sodiac lotion so as to prevent its drying. By this means, it usually happens that all pain ceases in from a quarter to half an hour, or even in much less time.—F. PERCORN.

Obstetrical Department.

DOUBLE MONSTROSITIES.

BY J. W. MEANS, M. D., TROY, OHIO.

September 4th, was called to see Mrs. Y——, aged nineteen, primipara, at 3 o'clock, P. M.; found her having severe dilatory pains. On examination I found a semi-solid tumor-like body presenting—not being fully able to diagnose the presentation as yet, or even form an intelligent idea of what was presenting, and as everything seemed to be progressing favorably, I simply waited for developments.

At about 10 P. M., after seven hours of hard labor, she gave birth to a living monstrosity, having more the features of a frog than of a human. The head was very small, with a flat top; the frontal bone being so retracted that there was no space for the anterior portion of the cerebrum. The eyes were very prominent; the nose perfectly flat, the malar bones being on a level with the nasal bones. The hair of the head was continuous with the eye brows. The top of the shoulders was in a level with the top of the ears. A pendulous tumor having a distinct outline, holding about sixteen ounces, covered with a heavy fibrous coat, continuous with the integument of the head, leaving the skull at the sagittal sutures, protruded from behind. The occipital bone was missing. This tumor seemed to contain all the brains, and fluids of the cranium. The child lived twelve hours.

On examination I found another fœtus-vertex presentation. After three hours of severe labor without the least advancement I produced pædalic version and delivered my patient of a very large-headed child, with large abdomen, feet double the normal length.

The anal opening was at the junction of the sacrum and coccyx, it being a very large aperture without sphincters. It lived three hours. The placenta had formed extensive adhesions, and when delivered was found to be very small.

If any of my medical brethern can report a case having more complications, with greater monstrosities, would like to hear from them.

Medico-Legal Department.

EFFECTIVE MEDICAL LEGISLATION.

SYNOPSIS OF DR. FOSTER'S PAPER ON LEGISLATION, READ BEFORE THE AMERICAN INSTITUTE.

Dr. R. N. Foster, of Chicago, of the Committee on Legislation, presented a paper which was read in full. The purport of his paper was that the battle for untrammelled existence had been won by the Homœopathsists; that they had now become rich and powerful, and were by the necessities of the situation committed to the undertaking of some greater work than any heretofore attempted.

He thought that while the national organization of the Old School, were floundering in the labyrinths of their own ethics, our organization ought to busy itself with real work of such a body, and ought to go at once to the root of the whole matter by striking for an improved system of medical education, to be established on a national scale, applying impartially to all the medical colleges of all schools throughout the United States.

He proposed that the Institute should, through its members in National and State Boards of Health, appeal for the legislation necessary to carry out such a programme. He cited the good work done by the State Board of Health of Illinois as an example of how much could be done in this direction by appropriate legislation. He thought that such a movement would be timely, securing at once the respect and sympathy of the American people, and would cut the Gordian knot of medical ethics, by establishing a national diploma of a high grade as the only passport to the profes-

sion, instead of the "ethics" of the national medical association. The proposed undertaking, the paper declared had the merit of being at once conservative and progressive, and just and honorable to all alike, whom it was proposed to influence thereby.

[This plan was referred to the committee on medical legislation and through this efficient company of efficient earnest workers headed by indefatigable Dr. J. C. Morgan, we may expect to hear more of this subject. We believe that the profession throughout the country are ready to move in this matter when given the right cue.—ED.]

Consultation Department.

WHOLESALE NERVE STRETCHING.

Nerve stretching is supposed to be a recent invention, yet Philip Doddridge wrote a hymn in 1740, beginning "Awake my soul, *stretch every nerve.*"

A. F. RANDALL.

ATONIC DYSPEPSIA.

"J. R. L." may find an eleven page article on "Atonic Dyspepsia," in Vol. III of Reynold's System of Medicine, page 30, by Wilson Fox, M. D., Lond. F. R. C. P.

W. S. G.

HOW TO MAKE SUGAR OF MILK.

EDITOR INVESTIGATOR: Will you please ask in your journal how to manufacture sugar of milk. The modus operandi, etc. The books are so indefinite upon the subject.

W. T. BRUCE.

SHORTENING FROM FRACTURE.

Will some one please favor me with a certain resolution passed by the American Medical Association, that shortening of a fractured shaft of the thigh bone was the rule rather than the exception. I think to make use of it. I have been sued for shortening.

F. J. KLÜSSMANN.

DIET IN GALL STONE DISEASE.

Please give me advice in regard to what would be a proper diet for a patient who had intestinal catarrh and obstruction of gall ducts (especially after convalescence), when the patient has had several

attacks before, brought on by getting over-heated and taking cold, and also eating everything that comes along. A. E.

NATRUM FOR DYSMENORRHOEA.

My suggestion for L. Hamersmidt's case reported September 15, p. 276, is Natrum mur. She had been treated Allopathically, no doubt with much Quinine, as evidence roaring noise and fullness in the ears, with headache. Dysmenorrhœa preceded by, and attended with headache, is always very suggestive of Natrum mur. The other symptoms also correspond to Natrum mur. For this case I would say the 200th potency in doses at intervals of four hours for one day, and then Sac lac until time is had for results. S. BISHOP.

DYSMENORRHOEA—A CASE FROM PRACTICE.

Mrs. C., complained of a shooting, lancinating pain passing up the left side. Arn. 1x cured this, but in the course of twenty-four hours there was developed a radiating pain from the region of the pyloric orifice of the stomach, at the same time the patient complained of pain at the menstrual period. This led me to think that the pain was due to reflex action. Cimicif. 1x caused the patient to announce on the next call, that the menstrual flow was developed without any pain, and further, that the pain in the chest had disappeared.

S. B. TOMPKINS.

AN OIL LAMP AND HEALTH.

Please answer in THE INVESTIGATOR, in the next number if possible, the following question. Would like the opinion of the Editor, if he will be so kind. I am satisfied, myself, of the injury done, but a very successful physician with whom I have discussed the matter, disagrees, and it may benefit him and many others.

"Does it vitiate and poison the atmosphere in a room, to leave a kerosene oil lamp burning in it, turned down so low that combustion is imperfect, and an offensive smell is perceived on entering the room? If so, what is the character of the poison exhaled, and what deleterious change is produced in the air of the room? Is an infant suffering from diarrhœa and marasmus likely to improve, if it habitually sleeps in such an atmosphere. D. H. P.

[We should expect a production of light carburetted hydrogen—an innocent gas perhaps, (?) in a room with a child, but in a swamp, it is styled the "deadly malaria." An infant in such an atmosphere would improve the chances of a job for the undertaker.—ED.]

CASE FOR COUNSEL.

CASE I. Miss K., aged fifty, came into my hands three months ago, after Allopathic physicians could do no more. An invalid from early life, she was supposed to be in the last stage of consumption fifteen years ago. At that time she raised an astonishing amount of matter

from the lungs. Homœopathic treatment at that time helped her some and her lungs improved. Some years ago a tumor appeared in the left axilla, which was called schirrus cancer. It broke, run, and healed up. Since then her blood had been full of humor. When I took the case I found a schirrus tumor on left hip, an inch in diameter and standing out an inch and a half from the surface. Bowels moved about once a week, kidneys, every other day sometimes oftener. Pain like red hot needles running through abdomen which was tympanitic; she could not bear the weight of the bed clothes. Pain in left eye and cheek like bee sting. Sense of taste and smell all gone. She slept on Morphine but it frequently made her vomit.

Treatment.—Used Morphia locally on tumor. Apis relieved pain in eye and increased flow of urine. Ars. removed burning thirst and mitigated pain in tumor. Lycopodium reduced the swelling of abdomen. Soon the excretions acted without assistance, and I exhibited Calcarea phos. 1x after each meal with only an occasional dose of Bell. or Apis for pain in left eye. I think she has gained fifteen pounds, *taste and smell returned*; tumor seems to be cracking open around the edges. Will some one who has had experience in treating cancer tell me what to do—whether it would be safe to make any local application?

CASE II. Baryta carb. caused an indurated cervical gland to break and heal up; it had grown four years; three months later it broke, run, and healed without treatment. What will make a permanent cure?

E. E. SILL.

Book Department.

THE INDEX CATALOGUE of the library of the Surgeon General's office has reached Vol. III, and includes Cholecyanin—Dzondi. This is a most interesting and valuable index of a magnificent medical library.

OBSERVATIONS ON THE THERAPEUTIC USE OF ALCOHOL. By Alfred K. Hills, M. D., New York.

This is a reprint of an article that appeared in the New York *Medical Times*. It is proper that we have such an analysis of the range of action of alcohol to place beside that of Saccharum albus. It is a valuable essay, however.

MY RAMBLES IN THE ENCHANTED SUMMER LAND is the pleasing title to a series of charming letters written from the various pleasure resorts in the Northwest. To those who have been "home-bound" as well as those who have "been away," we would advise to

send to our old friend Dr. W. H. Stennett, General Passenger Agent, Chicago & Northwestern R. R. Office, and get a copy, and take a ramble in imagination. It will be a healthy diversion. The trip itself would of course be the most satisfactory and profitable.

HELPS TO HEAR. By Jas. A. Campbell, M. D., Professor of Ophthalmology and Otology, in the Homœopathic Medical College of St. Louis, Mo. Cloth, 75c.

Homeopaths are getting very bold to venture out into the popular realm.

Here is a book that is not only popular and practical but one very much needed. The aids for the deaf are not as well understood as those for defective sight. Here we find horns, trumpets, audiphone, etc., carefully considered and their relative merits pointed out. This work will be welcomed not only by the medical profession but also by those whose hearing is defective. Our profession will do themselves and their afflicted friends good service by calling attention to this work.

THE REPORT OF THE COMMISSIONER OF EDUCATION for 1880, is a bulky volume of 914 pages and well filled with valuable information. From it we learn that the schools of medicine, dentistry, and pharmacy number 120, and have 1,660 instructors, and 14,006 students. The schools of medicine are styled regular, eclectic, and Homœopathic. The regular schools are 72 in number, and have 1,131 instructors, 9,876 students, 48,970 volumes in their libraries; grounds, buildings and apparatus valued at \$1,929,170, productive funds amounting to \$199,306, and an income of \$472,487 from tuition and other fees and from productive funds. Six eclectic schools report 65 instructors, 883 students, 2,175 volumes in their libraries; grounds, buildings, and apparatus valued at \$221,000, and an income from tuition and other fees of \$32,735. Homœopathic schools number 12, and have 188 instructors, and 1,220 students. The volumes in their libraries number 2,420. Their grounds, buildings, and apparatus are valued at \$185,000; and their receipts from fees are \$33,258.

The Commissioner speaks of the improvement in medical training thus: Ten years ago only one medical school in the United States had a course of instruction extending over three years; now there are several. Then more than half the schools really required no more than attendance on one course of lectures; now only a small number venture to announce such laxity, however low their real standard may be. Then preliminary education and entrance examination, though much talked about, were not insisted on except in a very few instances; now several schools require a better preparation and encourage educated men by special inducements to enter their walls. Then graded courses of instruction were hardly heard of; now they are common and commonly advised if a choice of course is afforded. Special opportunity for graduate study have arisen at several points. The

profession has been roused to some self activity by these and other events, which is, perhaps, the most hopeful sign of all I have mentioned. Mention is also made of the establishment of the National Board of Health and State Boards in Michigan, Illinois, New Jersey, and Iowa; and their work is commended.

Medical News.

Calvin Lockrow, M. D., formerly of New York City, has succeeded *A. E. Chamberlin, M. D.*, at Oak Park.

What is the Reason?—Said some students, "What do you suppose is the reason the Homœopathic professors recommend such books? Why we might as well go to an Allopathic college if we have got to study their books."

The Natural Abdominal Support.—Dr. E. G. H. Meissler writes: "DUNCAN BROS.: *Sirs*: I have used a good many of your Natural Abdominal Supports for my patients and friends, and they give excellent satisfaction."

New York Ophthalmic Hospital.—Report for the Month ending September 30, 1882. Number of prescriptions, 3,505; number of new patients, 760; number of patients resident in the hospital, 14; average daily attendance, 135; largest daily attendance, 190.

CHAS. DEADY, Resident Surgeon.

Discussion.—Why discussion in a journal, cannot be continued in the same dignified tone, so as to elicit useful information, as in a medical society, we cannot understand. Some writers act as if they were in training for the prize ring—instead of being courteous, dignified members of an honorable profession.

S. J. Smith, M. D., says of malaria: "Perhaps I have not seen as much ague as some physicians would who had seen the same cases, for I did not consider every other case "malaria." While this malarial element does show itself as an important factor in many cases of disease, I believe that many times the term is used to cloak the fact that the physician does not know what to call the disease."

Seeing Cases.—While conversing with physicians of limited facilities for observing a large variety of cases, I was impressed with the fact of the superiority of those whose clinical experience has been large. "I never saw a case like it and do not know what to make of it." I could not help thinking what superior advantages large clinics afford students of to-day.

Address the Publishers.—There have been a few letters received addressed personally to the EDITOR, (T. C. Duncan) saying: "I called at your office to pay my subscription but did not find you in," etc. Now this is a very poor excuse, as they know the Editor does not keep the books. Always address the publishers. Money and orders for goods are received at our store all hours of the day and night. Our aim is to give our patrons *first class goods* at the *very lowest living rates*. Having remodeled our store we now are able to fill all orders on very short notice.

DUNCAN BROS.

P. R. McNulty, M. D., of Harrisburg, Va., made us a pleasant visit. He reports that Homœopathy is winning its way steadily among the wealthy conservative F. F. V's. Several good openings await discreet, gentlemanly young physicians. Among these are Roanoke City, Woodstock, Alexandria, Portsmouth, all large places. There are many Germans (Dunkards) in some of these towns, and consequently German speaking physicians would succeed best. Anyone can practice in Virginia, if they pay the license which *every* town as well as the state imposes. The fees and collections are good. Physicians coming *via* St. Louis or New Orleans, receive a more cordial welcome than those direct from Yankeedom.

Chicago Homœopathic College.—The seventh annual session of The Chicago Homœopathic College was inaugurated on the evening of September 27, in the spacious amphitheatre of the college. A large audience was present. Prof. George F. Roberts delivered the introductory lecture, the subject being "Sanitary Science." It was listened to with marked attention, the audience being deeply interested in the subject. Prof. Mitchell cordially welcomed the students, and gave a resume of the course that was to be delivered to the present classes.

The clinics at the Cook County Hospital would be made especially attractive, in view of the number of typical cases that would be presented. The college clinics had more than doubled since last year owing to the increased facilities in the new college building. Every lecture of the didactic course would be given promptly. Arrangements had been made with additional instructors to give the most thorough and complete course of medical training.

Stirring addresses followed from Prof. E. M. Hale, and W. Danforth. Prof. Hale gave two episodes in the life of Hahnemann, contrasting his poverty and isolation, when Homœopathy was first promulgated, with his subsequent and successful career.

Prof. Danforth spoke of the rare opportunities which were open to students by cultivating new fields of medical inquiry, and congratulated them upon having a prospective alma mater of which they could always be proud.

Excellent music was discoursed by the Chicago Quartette club. A fine class of students was matriculated, and the course was inaugurated with much enthusiasm.

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Therapeutical Department

*CONTAGIOUS DISEASES—HOW TO CURE
THEM BY FORMIC ACID.*

All contagious epidemic diseases, like yellow fever, cholera, and small pox, produced by animal poison (living bacteria), can be cured and prevented by mixing the gall, blood and matter in alcohol, forming pure formic acid, and giving it as a remedial agent, and using it as a vaccinating material. It does seem strange that, with the combined assistance of the general government, state, corporate cities and towns, the profession, with vast sums of money to back the action of medical boards, in enforcing sanitary laws and regulations, have failed to check its progress whenever it has fastened its death grasp on a community. With an experience of almost thirty years in the practice of medicine, having passed through four epidemics of yellow fever, and epidemics of small-pox and cholera, I have given the subject of cure and prevention of these diseases a close study. I feel that I have found the key to the prevention, progress, and cure

of all poison bacteria, epidemic contagious diseases in the alcoholic solution of gall blood or matter forming pure formic acid of each specific disease.

When the spirit of free thought first unfetters the minds of men who have suffered for ages under the heavy blows and heartrending bereavements caused by this frightful foe of human life, it must inspire them to enter into new paths of medical research to find out what can be done to check the spread and ravages of this much to be dreaded disease. It is clearly proven that medical boards, disinfectants, and sanitary laws have failed to prevent its progress when it enters a city. All laws and usages of the past three hundred years about this disease, whether written in medical or statute books, or received from grandparents or sons as undisputable tradition, should follow the fate of all error, and be wiped out from the archives of medicine, or be nullified by new medical codes and their memory buried in the darkness of the past, so that the minds of the profession and people may no longer fear these now so much to be dreaded epidemic diseases. I hope the time will come when moral gloom, fear and superstition will no longer attend the announcement of the appearance of yellow fever, or any of the now alarming epidemic diseases.

Light will yet break in upon the mind of some bold and original thinker in his secret study, direct his researches to some hidden records in which are stored the hints of the disused, overlaid and forgotten truth of some specific, prompt and direct means of preventing and curing yellow fever, and all epidemic diseases, and will prompt the discoverer to bring them out and give them to the world, receiving in return that simple reverence and unaffected respect due all benefactors of man. Let us all hope that the day is not far distant when we may all reasonably suppose that the follies of past ages shall disappear with the errors under which they were fostered. From all reformations, these results must come, although undeniably experience and a long array of stubborn things, called facts, furnish proof that results linger long and depart slowly. We must admit that time

works wonders and as light diffuses, the very footprints of the messengers of darkness fade from the face of the earth. However sudden and effective the first and great efforts that attempt reforms, still the final result must be gradual under the most favorable circumstances. There is then no reason why reformation in medical opinions should differ in its development and progress from improvements in other sciences.

“The science of medicine being purely founded upon facts and experience, the advance must be slow and longer in coming to maturity. If such be said of medical science coming to maturity, it must always be with every new disease, or with new phases of ones, as they spring up with different races and changes of climate, occupation and habits of life.

A great reformation took place when, on May 4, 1794, Jenner made his first successful vaccination. How did he first take the hint about vaccination? Whilst a pupil with Dr. Ludlow, a young country woman came for advice. The subject of small-pox was mentioned upon which she observed, “I cannot take the disease for I have had the cow-pox.” This gave Jenner the key to the great discovery.

Again, on March 26, 1878, when Mons. Pasteur brought three hens—two living and one dead—into the Academy of Medicine in Paris, it was he who furnished evidence that malignant, most fatal of all diseases, called splenic fever (milzbrand) was caused by bacteria.

And animals inoculated with a few drops of the fluid containing poison bacteria, take their diseases rapidly and die in one or two days. But he found in chickens, there was an exception to the rule. He said “this was owing to birds having a higher bodily temperature than other warm-blooded animals.

The temperature of animals most readily affected by splenic fever, ranged from 35° to 39°C. The blood temperature of birds range from 42° to 43°C. But by reducing the temperature of the hens they died from twenty-nine to thirty-six hours after being inoculated with five drops of the splenic fever bacteria fluid.

“A gray hen was inoculated, but subjected to a water

bath, to demonstrate that reduction of temperature alone was not sufficient to cause death”.

“Further experiments convinced Pasteur that the propagation of bacteria is arrested by a temperature of 44°C.

Then in as much as a temperature of 44° is sufficient to arrest the development of bacteria, it becomes apparent that investigation in this direction may be of the utmost utility to medical science in finding out the cure and prevention of yellow fever and all epidemic contagious diseases.

The writer contends that all fatal contagious diseases, like yellow fever, cholera, small-pox and diphtheria, may be prevented and cured by the gall and blood of man sick with any form of these diseases, and that chicken cholera, limber neck, hog cholera and sheep rot, can all be cured by the blood or gall of the animal or bird diseased with any form of these diseases. And by the simple elevation of temperature their ravages may be prevented.

This then opens a wide field in medical therapeutics, for it is not probable that splenic fever is the only disease caused by microscopic organisms. Many medical men think other contagious diseases have their characteristic bacteria, which in my opinion is the case with yellow fever and it is most plausible that all contagious or epidemic diseases, that resist remedial agents now known will become amenable to treatment by nosodes and high elevation of temperature.

To encourage experiment in this direction Dumas and Mons. Bondet the most celebrated French chemist, of the Académie de Médecine, have announced a prize of 6,000 francs to any one who will make the best use of Pasteur's discoveries in the interest of healing the diseases of man.

Is not yellow fever caused by bacteria? Formic acid and living animal bacteria are the natural product and necessity of a healthy, vigorous vegetable and animal life. To have good health they must be equal in the animal and vegetable body. The animal bacteria, which produces yellow fever, cholera, small-pox, and all other contagious epidemic diseases, with the vegetable bacteria, which produces diseases

in vegetable life, enters the circulation of each by absorption. and at once begins to destroy the healthy bacteria by polluting, or living on the healthy formic acid of nature, causing death if not destroyed by some specific remedy. Bilious fever and chills and fever have, according to Dr. M. A. Laveran, malarial germs or bacteria. One hundred and ninety-two patients were examined by him affected with the malaria. He found them in 180, and the reason they were not found in the other twelve was, they had undergone a course of Quinine, which destroyed the chill bacteria in the blood; and by the addition of Quinine to the blood he destroyed the bacteria.

M. Pasteur says it is not outside of the body we must look for the bacteria elements of destruction to human life, but they are found in our bodies, and he proclaims the theory that the saliva of persons fasting is venomous, and when taken in the stomach with food it is deprived of poison by the action of digestion.

By inheritance, according to Hahnemann, the founder of the Homœopathic school of medicine, the system is filled with psora, syphilis and sycosis bacteria, which are the prime causes of all chronic diseases and aggravates all acute diseases. He says there are few whose constitutions are not contaminated with one or the other of these causes of disease, and the reason physicians fail to cure chronic diseases, and only patch them up, is, that they will not give his antipsoric remedies, in high dilutions or potencies as he directs—the 30th of Sulphur for chronic psora poison, the 30th of Mercury in syphilis, and in warts the 30th of Glauber salts. and they, with his other antipsoric remedies. Such doses appear absurd and foolish, but nevertheless the cure proves the truth.

Then, for the preservation of health, and life, it is only necessary to keep the formic acid and animal bacteria pure and equal. Without it we must linger and die, our bodies being destroyed by diseased bacteria living on or destroying the formic acid necessary for healthy action.

Find the remedy or antidote to diseased vegetable or ani-

mal bacteria, and give nature a chance to form pure healthy formic acid, which stops all disease permanently, and disease is cured at once.

Hay fever is a product of vegetable bacteria found in pollen. Dr. von Grauvogl, of Nuremburg, Prussia, the head of the medical department during the Prusso-French war—a Homœopath—says Arsenic produces a form of gangrene, and is a specific in the army for gangrene. Dr. Borman says, make a patient, or subject, sick with Arsenic or Copper and vaccine matter will not take. Trichina in hogs is produced from a bacteria found in rats, which is eaten by the hog. If it gets into the human system it produces death. The little red ant, cow-killer or big red ant, bee, mosquito, mite, flea, bedbug, roach, and hairy caterpillar, are all charged with formic acid. Of the vegetable kingdom, nettles, cowage, poison oak, sassafras, and others, with the blood, gall of animals and man, all contain more or less of this acid. It is well known that the honey of all insects contains large quantities of it, and as soon as it is taken out fermentation begins.

Who ever saw the food of a spider, ant or dirt-dauber ferment or decay. They charge all their food with formic acid. It said by some the reason why meat hung up in Texas and South America does not decay is owing to ants, mosquitoes and other insects charging it with formic acid, preventing putrefaction. Then, to formic acid we must look as a curative remedy in all epidemic diseases. Formic acid then being found in the sweat, in the spleen, liver, pancreas, thymus gland, and muscles, in the brain, blood, gall, saliva and urine, it is a product in the animal and vegetable organism occurring either free or in combination. Prof. August Vogel, of Munich, Prussia, contends that formic acid is in all animal and vegetable poison; it abounds in the nettle and poison oak of the vegetable kingdom, and in the little red ant, musquito and bee. Humbolt says in bees, snakes, tarantulas.

Every Homœopathic physician daily prescribes it in the treatment of all forms of fever, when he uses Aconite, Apis

mel., the poison of the bee and the poison oak tincture, called *Rhus toxicodendron*. And I contend the more rich in formic acid is the medicine, the quicker it cures. When acute or epidemic and contagious diseases attack man, animals and plants, the disease producing bacteria feed on the pure formic acid of the body and as it is destroyed or poisoned, death takes place rapidly unless the bacteria is destroyed.

Then in yellow fever, cholera, small-pox, diphtheria, and all contagious diseases, our bodies become filled with animal bacteria, absorbed in the circulation, and the gall, blood, matter of each form of disease is filled and poisoned with them, throwing a poisoned formic acid into the circulation. By thus dissolving the gall, blood and matter of each specific disease in alcohol, the poison bacteria is destroyed, and converts the formic acid, gall and all into a mild kind of powerfully preventive and curative agent. But without being dissolved in alcohol it is a most fatal, deadly animal poison producing death by inoculation in twenty-four to sixty hours.

Fusil oil, the active principle of alcohol is the most fatal agent to bacteria life. It must become with formic acid the best curative agent in cancer. Formic acid and formate of ammonia, are destined to hold a high rank in the cure of diseases of the lungs, pneumonia and all other forms of disease. We do not know that the pure formic acid of all undiseased animals and vegetables, will cure their own producing disease. The poisoning from poison oak can be cured with a potency of its own poison. The bite of a snake can be cured with its own gall taken in water. But the bite of a mad dog cannot be cured by its own gall and formic acid, for the gall and formic acid is made poison to life with hydrophobia bacteria, but dissolve it in alcohol and the poison bacteria are killed and the gall, blood and saliva become a prompt, mild, curative agent. I might mention hundreds of facts to sustain the truth of the Homœopathic law of similia as the true principle of preventing and curing disease.

The Old School of doctors dare not accept it as true. If they did, their grand, beautiful, captivating system of phys-

iological medicine, would totter and crumble, to be ground to dust under the mill rocks of *similia similibus curanter*. While Hahnemann, the founder of the Homœopathic school of physicians was first to direct medical thought in this direction, Pasteur, one of the progressive, bold medical thinkers among the French physicians, and others show a constant, slow, but irresistible progress towards confirming and adopting Hahnemann's bacteria or psora, theory of disease.

In 1828 when the Homœopathic physicians began the use of the venom of snakes in the cure of diseases, and published it, the Old School physicians persisted in their obstinate denial that it was not a poison when swallowed. They all sneered at the idea of its being used as a remedial agent. But when the great British work on snakes (entitled *Thanatopidia*) was consulted, it struck a death blow to this old superstition.

Homœopathic physicians lay no claim to have been the first to use the galls of venomous serpents to cure bites of the same for it is known that the Curers of greatest fame in Venezuela, and India used it over a century ago. But we do claim to be the first to have used the poison in the cure of disease, and the first to recommend and give the gall to cure the bites of snakes. We all know in ancient times snakes were objects of worship.

"In Mexico, the Ringed Boa, or Adoma, a serpent of great fatality, is spoken of by Las Casas as being worshipped on account of fear."

"The snake was considered by the Incas a symbol of cunning and wisdom, and by them were sacred and adored."

"They were believed by the Hindoos to possess supernatural powers of which they saw glimpses in the expanded hood of the Cobra, consequently images of Brahma and Vishnu, are found in their temples, and on the decorations of the cars of Juggernaut, standing upon the caudal coil of a serpent whose perpendicular folds overlies each other, and the neck and head expand into a broad concave convex hood, whose upper periphery is divided into triangular points,

each of which bears a smaller head with distended jaws, thus forming the appearance of a canopy over the head of the god."

"In the museum of India, and in the Indian office in London, a curved stone image of the same as above is seen. In most of the old medical books and in many recent, the symbolic twinings of serpents around the staff of *Æsculapius* indicates a belief in its endowment with some extraordinary virtues in connection with the healing.

"While the Caduceus of Mercury, composed of the intertwined serpents, can be supposed to convey a subtler meaning, and symbolize a belief in its magnetic powers, its bearer was the messenger of the gods, and his wand must be supposed to typify an attribute of a higher nature not known to its bearers, but believed to exist in the reptile."

The prince of darkness represented a serpent tempting mother eve, and all history of Nations and people have some record of a belief in the peculiar virtues of snakes.

Our old school brethren also rejected radiated heat as a remedy for the bite of snakes, and the potentization of the poison by the Homœopaths in 1835 as remedies in disease.

"The discovery of Viperine by Lucien Bonaparte, and the experiment of Weir Michell, proved that it still remained a poison after boiling, and that although alcohol was the best antidote after the venom had been introduced into the circulation, still it did not interfere with its action as a medicine."

Dr. Michell says: "I must call attention to the singular likeness of *Crotalus* poisoning to yellow fever."

Drs. Magendi and Gaspard have also called attention to the resemblance of putrefaction poisoning to snake venom.

The Homœopaths give snake poison in yellow fever. It is observed that the boiled venom even if it killed, did not act as a ferment; that the places of inoculation were not gangrenous. What could not be reached by heat was reached by the alcohol in the blood acting in a similar manner against ferment. M. Pasteur has proved that heat prevents the propagation of bacteria. So have the Homœopathic physicians long years ago cured splenic fever, in

cattle, flocks of sheep, and their shepherds, with anthracine, an alcoholic tincture, made from the blood of the diseased bacteria spleen animal. Of course the alcohol killed the living infusoria, but what remained dissolved therein, cured the disease in animals and man.

Our position then is this in regard to disease:

1st. That all diseases of an epidemic or contagious character like yellow fever, are caused by impure formic acid and living animal, distinct species of poison bacteria, of organic germs in some parts of the vegetable, human, or animal body. And that all diseases not of an epidemic or contagious character, like bilious fever, chills and fever, are caused by a vegetable poison bacteria in pollen entering the blood. As bacteria fills the atmosphere, so does pollen also enter the system through the lungs, and are capable of development under the proper conditions, the one in living animal forms called bacteria, the other in living forms from vegetables called bacteria, producing the difference between epidemic contagious diseases, and non-epidemic diseases, but both capable of producing disease.

Prof. Liebert in March, 1868, pointed out the form and character of poison bacteria in small-pox, typhus fever, and gangrene, and he also maintained the possibility of inoculation to reproduce either one of these diseases.

In 1837, Dr. Kircher suggested that epidemic diseases were caused by germs with which the air is filled, and obtaining lodgment in the body, produce disease by the development of bacteria life.

Drs. Sanders, Bennett, Carmichel, and Newton, all contend that cancer cells are filled with living animalculæ or bacteria.

I think I have discovered its form and color.

The experiments of Pasteur, Schröder, Ure, and Helmholtz, upon the presence of putrefaction, sustain my opinion of contagious disease.

De La Tour, in 1836, and Schwann discovered the yeast plant. This discovery in organic research proved that fermentation and organic growth were related to each other.

It was proven that yeast seemed to be a living organism with proper conditions to feed on, grow and reproduce itself indefinitely.

Prof. Tyndall in his essay "Dust and Diseases," has reopened and enlarged the field of study, in the nature of organic living bacteria, in the air as the cause of disease.

We propose then, as a cure and prevention of yellow fever, and all contagious epidemic diseases, the blood, gall and matter of the patient dissolved in alcohol. It matters not what form of epidemic contagious diseases they are attacked with.

THE MODE OF PREPARATION.

If to be used to cure the bite of a snake, mix ten drops of the pure gall to ninety drops of pure alcohol, and shake well, and let stand two days, when a lead colored sediment will deposit; then filter, when it is ready for use. Or, if a snake bites you, cut off his head, take out the gall and mix in water and drink it, and apply some to the bite, and bind the snake cut open to the bite. This will not do to use in a diseased state like that of the mad dog or yellow fever. The blood or gall must be mixed in alcohol, as it kills the poison bacteria in the blood, producing pure formic acid and gall, and makes it a kind of mixture which can be safely given in disease.

As the blood and gall of all yellow fever, cholera, plague, and small-pox, is filled with living poison bacteria, destroying the pure formic acid, it must be mixed with alcohol to destroy the poison bacteria, so as to be able to give it as a curative remedy in disease. I would here suggest that the best plan or way to get pure vaccine matter is to take the pure confluent small-pox matter, blood and gall, and mix it with alcohol to destroy the poison bacteria and produce pure formic acid, and in the same way mix the blood and gall of all epidemic contagious diseases and evaporate down to crystals, and vaccinate in all these diseases, and give the same dissolved blood or gall as preventives and curative remedies.

In all cases of hog cholera, chicken cholera, and limber neck, take out the gall, dissolve it in alcohol, mix with the food and give the feed to the well ones, and vaccinate with the same reduced to crystals. Don't mix the blood and galls of different diseases or animals. Let every one be plainly marked. Spiders, scorpions, bees, wasps, hornets, crickets, centipedes, tarantulas, must be bruised and stand in alcohol, then filtered for use.

"One of the most famous charlatans of South America, Perdomo Neira, cures cataract in from three to thirty days with the gall of the alligator, used locally." We must be convinced that every successful inoculation and infection, like small-pox, and the bite of a mad dog, is always a complete poisoning from hydrophobia poison bacteria; for the organism is entirely overpowered and forced in a passive condition because their reactions are marked, and, like a crises, can be no pure opposition of vital formic acid power to the disease.

"On the contrary, does the application of remedies in moderate quantities, either crude or in potencies arouse this power of opposition fully and infallible."

"Besides, there is another difference. Many individuals are immune towards infection and inoculation, but nobody towards potencies."

Both are, therefore, entirely opposed, and can never replace each other. Then potentized yellow fever gall and blood must be a preventive and curative. Although all prophylactics are curative when given in potency, but not all curatives are prophylactics. Here we are sustained, in the highest degree, by a specific to cure yellow fever and all epidemic contagious diseases. By using the potentized gall or blood of every form of epidemic contagious disease, to be used as a preventive and curative by inoculating with the crystals formed by dissolving the blood and gall in alcohol, and evaporating down the crystals. In this way I propose a new mode of preparing all vaccine matter.

I have experimented with over 300 cases of vaccinating with crystals formed from small-pox matter and blood,

mixed with pure gall and blood of beef, dissolved in alcohol, setting free pure formic acid, and in every case but one it was a sure preventive, and no case has taken varioloid or small-pox that was vaccinated with crystal virus in sixteen years. One case had confluent small-pox five days after vaccinating, but she had been exposed, with all her family, to small-pox. Others in the family, vaccinated with the crystal, escaped.

“In treating diseases we must remember that they are neither animals nor plants; nor in any way similar. They are not beings at all, but only changes in the life of a being. Practically, we must consider the symptoms in their utmost peculiarities.” Then in giving the potentized formic acid, gall or blood, to cure yellow fever, what can be more advisable than to administer that which offers itself as the bloom and fruit of the same disease. But the cry is, it is so filthy, so nasty, so disgusting and sickening. What is more disgusting than musk, pepsin, pancreatine and inglovin, given in large doses? We must not forget that, whenever it is possible, opposition must be roused by the force of the same matter which is the product of the same disease we wish to cure, and certainly the *similia* must cure.

The gall or blood of yellow fever, or all other diseases, is, like the seed, the *fac simile*, the copy of the entire disease of a human being, together with the affected constitution and dispositions. Let us not be accused of *Isopathy*, the most nonsensical proposition to cure disease. All men of sense must protest against the most diversified morbid products being potentized to be given in all complaints of the same kind; this is kept alive by the enemies of *Homœopathy*.

“*Nosodes* are nothing but solutions in alcohol of undeviating products of disease, and have to be first proved and given according to their symptoms, like other remedies to cure disease. Each such solution leaves, if evaporated after being dissolved in alcohol, its peculiar microscopic crystals, which no doubt contain a corresponding chemical combination the identity of which can be demonstrated.”

“Pasteur's discovery that a slight increase of temperature

in the blood of chickens is sufficient to prevent the multiplication of bacteria is not applicable to zymotic poisons, which require a far higher temperature to arrest fermentation. It is worth the experiment to find out the nature of the soluble matter contained in alcoholic solution of the poisons by evaporation and careful examination of the resulting crystals or chemical products. It is true that the effect on the healthy and sick is not sufficiently known, but it is certain no injury can result to any one, and least of all can yellow fever be produced by taking or vaccinating with the blood or gall of a yellow fever subject dissolved in alcohol."

Then, how are we to prevent its progress? It is seen at Pensacola, Fla., and Brownsville, Texas, although no expenses are spared to stop its progress. We see that the medical board has failed when once a case occurs in a city. Yellow fever has one or more central points from whence it spreads around, and is always communicated by inhalation. It is a gaseous, poison; bacteria substance, mixed in air, acting on different subjects according to their susceptibility. It differs from swamp miasma, which is vegetable, while the other is animal. The one causes chills and fever and bilious fever—not communicable by contact, but confined to localities, and cannot be carried from place to place and from the sick and dead. As soon as the first case strikes a city or town let every one immediately scatter to a high, pure, cooler atmosphere. It cannot spread if this is done. Let Sulphur, Arsenic, Saltpetre, bluestone and charcoal be mixed and burnt in the house night and day; let the floor and walls be washed with a solution of Arsenic and bluestone; let all the bedding and everything be washed in fusil oil, Arsenic and bluestone; let the room have vessels filled with a solution of Arsenic and bluestone with a little fusil oil mixed in the water; keep charcoal in and about the room; keep in the slop buckets and closets the Arsenic, bluestone and fusil oil, with lump charcoal thrown in the closets from two to three bushels.* Give as internal remedies potencies of gall, *Crotalis*, Arsenic, Copper, charcoal and

*For Yellow Fever, Aconite, Bell., Ipecac. alternate.

fusil oil. Wash the body or sponge with hot solution of Arsenic, copper and fusil oil; take a warm foot-bath of same; keep up a high temperature. If the patient dies, subject the body to roasting or baking heat in a close place; place in the coffin after injecting with Arsenic, copper and fusil oil; fill the coffin with the solution of Arsenic, copper and fusil oil, and carry it to the grave in a box surrounded with charcoal; then, before covering it in the grave, throw in three or more bushels of charcoal in the grave, and I tell you that yellow fever, nor any other epidemic disease will ever spread in a city. If the fusil oil cannot be got, use alcohol.

We must all admit that coal tar, Carbolic acid, lime and copperas, as disinfectants, are failures. But chemistry has given us Arsenic, fusil oil, alcohol, bluestone and charcoal, as agents, that will destroy the poison bacteria that produces epidemic diseases.

Charcoal has been known for nearly one hundred years to possess the most peculiar property of absorbing gases. Keep it in every room, sleep on it and take a little three times a day. Let it be used lavishly. Let it be understood that it is the corpse with the poisonous, living bacteria gas that spreads this disease more than all other causes combined. Let only one street—and that an outside one—be used to convey the dead to the burying ground in all cities, as the fever will follow the dead and the infectious vapor will rise from the graves of the buried.

Our position is this: that every animal poison and every epidemic contagious disease poison has its perfect and specific antidote in the gall or blood of the animal or man, dissolved in alcohol, in which the disease is developed. In the present state of our very imperfect knowledge of bacteria, as the cause of disease, is it too much to expect that we shall be able to eradicate this organism and cure these diseases and thus limiting their ravages? While we are clearly of the opinion that all contagious diseases can only be developed from a special bacteria, originating in and from a case of the same disease, we can be directed to the right sources, thus placing the prophylactic means within our reach.

The use of gall and bacteria blood, dissolved in alcohol, forming pure formic acid, as a remedy to inoculate, prevent and cure, is a new question, affecting the physical well-being of mankind, into which the science of every disease enters so largely as a factor. What will so richly repay the young, careful, and earnest investigator, as the bacteria or germ theory of epidemic contagious disease?

JOHN H. HENRY.

CASES OF PERICARDITIS WITH EFFUSION.

BY J. HAMILTON MACKECHNIE, M. D. PHYSICIAN TO THE LONDON HOMŒOPATHIC HOSPITAL, LONDON, ENG.

In manuals treating of this disease by similars, certain drugs are very generally recognized as available. My object is to suggest the trial of a new one, or rather of a modification of an old one. As I base my remarks upon certain cases of greater or less importance, I think it well to record my cases first, and draw any inferences from them afterwards.

CASE I. On February 17th, I found on my return home from my afternoon rounds a telegram and a message from a patient, urging me to go to a suburb to see the daughter of a friend of his who was at school there and exceedingly ill.

I went as early as might be, and found my patient at a boarding school, where she had been placed in hospital, that is to say, in the upper part of the stabling belonging to the establishment, which was used for such cases as might turn out to be infectious.

The child, aged nine, had been attacked five days before with pain in the chest and difficulty of breathing. I could not make out whether there had been any premonitory febrile chills—certainly there had been no symptoms of acute rheumatism, there was no swelling of the joints; there had been

some slight aching of the shoulders, but no tenderness or swelling, and no excessive perspirations.

Unfortunately I had left my thermometer behind in town, but there could be no doubt that the temperature was very high.

I found the child in a state of profound anxiety, principally from the dyspnoea, and she did not remain in one position two minutes consecutively, but lifted herself and flung herself down with a gesture of the intensest distress.

I was told the medical man who had been attending had diagnosed pericarditis, and that he had given the case up as hopeless at mid-day. *

Upon turning down the bed-clothes, I found the cardiac region enveloped in a large linseed poultice, underneath which were the marks of vigorous counter-irritation in the shape of a weeping red patch of about two inches diameter, instituted, I afterwards heard, by the repeated use of *liquor epispastica*.

There was undulatory impulse of the heart; I believe there was bulging of the intercostal spaces, but I have not recorded it. The cardiac dullness extended to the right of the sternum, to the left beyond the angle of the rib, and to the second interspace above.

The heart sounds were feeble, and sounded distant, but I could detect no roughening nor any friction, and the apex-beat could not be felt—only heard.

There were large moist crepitant rales over the upper part of the chest, both sides, and a good deal of cough with scanty, difficult, and tenacious sputa. The dulness did not extend to the lower part of the chest except in the cardiac region.

I could but confirm the diagnosis of the medical man who had been in charge, but said I should not give the case up as hopeless, though unquestionably I thought it a very grave one.

In addition to these symptoms, I found there was very frequent diarrhoea, of watery dark-coloured stools, which had been occurring for two days, and which the patient had

much difficulty in controlling—in fact, could not always control. I found that she never micturated without stool passing at the same time, and as there was no bed-pan, not even of the most antiquated cruelty of form, the patient had either to be raised from the bed, or what had happened must occur. I was urgent, therefore, that a good slipper-pan should be immediately obtained.

Pulse was 110, respirations 48. Skin was neither dry nor very wet.

Taking the copious effusion, the consequent anxiety and restlessness, the difficult, hurried breathing, the diarrhoea, and the great prostration evident, I had no doubt about the appropriateness of *Arsenicum* in the case, and I ordered her 1-200th of a grain of the iodide dissolved in water, every two hours, while some *Spigelia* was to be obtained and given, when it came, alternately.

She was being vigilantly fed with beef-tea and other stimulating nutriments, these I desired should be continued. The poultices to be continued.

Feeling decidedly anxious about the case, I visited it the next forenoon, and received a report that the child was "much the same," which I found was literally true, and yet that there were indications rather favorable than otherwise. The night, though restless, had been quieter towards morning; the breathing, though difficult, had been more level than previously; the diarrhoea, though continuing, had been less; the food had been taken as well as before. I noticed that the countenance was more placid in expression, and the tossing about was less hopeless in gesture, but the respirations were 50, an increase which might have been caused by the entrance of a stranger.

The temperature was 104.2. I could not detect any change in the state of the heart or bronchia on auscultation.

I could only say that I thought there might be some improvement, that the temperature was certainly alarming, but still, if there were any change it did not appear to be for the worse. I left a thermometer to be applied at 7 P.M., and kept in the axilla for ten minutes.

The next day (19th) I found very smiling faces all around, and I was welcomed with the news that the child was much better. She had passed a very good night, having slept nearly throughout. The child's expression bore this out. On asking for the thermometer, I found the index at 97.2°! Of course, I thought the instrument had been ill applied, or allowed to slip, and introduced it very carefully myself; it registered 97°! To make sure, I re-introduced it for another three minutes, but found it unaltered. The desired fall of temperature had come. There was manifest difference in the area of dullness, and the sounds were plainer. Respirations 32.

Bowels much quieter, but not yet right. Cough still troublesome. Moist rhonchi, principally about upper part of left lung. No special perspirations had occurred; no pains in joints.

I may say here that I heard that the medical man of whom I spoke before had met the nurse and enquired after this case, and on nurse's expressing some hopes of the child's recovery, had replied emphatically, "Never, never!"

On Sunday 20th, had passed a less quiet night, and was cross and fretful, a very different moral state, however, to that of two days ago. Temperature 97. Respirations 36. Effusion diminishing.

The mother was very anxious to get home, as they were very uncomfortable in their present domicile, and wanted my permission to return with the child to-morrow.

I prescribed some *Arum macul.* for a troublesome, irritative, tickling cough, which shakes and bothers the child very much. Continue the *Arsen. iod.*

20th. Improving still. Passed a formed stool. Taking food well—solid and liquid. Wants to sit up, though manifestly very weak. The area of dullness diminishing. Cough better. Has not had a very good night. Temperature normal.

On the 21st I again went down, but found the child sitting up in bed nearly well. Could not say that the heart was at all displaced. No bruit. Sleeps well. Bowels regular.

Under these circumstances, I thought it quite permissible to allow her to be brought home the following day, which was done.

I visited her in town the following evening, to make sure that nothing wrong had occurred. She went on perfectly well. I have not seen her lately, though I heard the other day that she was losing her hair very much.

CASE II. Is one of endo and peri-carditis, which occurred in the wards of the London Homœopathic Hospital under my care. J. P., a maid servant, aged twenty-four, was admitted November 11, 1880, having been sent up from among the out-patients by Dr. Buck, complaining of fever, pains in joints, perspirations, etc.

About seven years ago was laid up for a fortnight with what she believes was rheumatic fever. Has noticed since that time that her breath has been short under very little exertion. Present attack began five days ago, with shivering and pain in the limbs and chest. On admission, temperature 102, pulse 110, respirations frequent, lips rather livid, and face flabby. Complains of pains in legs, knees, ankles, shoulders; knees and ankles being swollen and tender. Has had a good deal of pain in the præcordia, but it is now easier. The apex-beat is diffuse. Distinct murmur at the apex, with both sounds. A murmur heard at both aortic and at pulmonary areas, with systole.

Tongue coated; appetite bad; bowels act about every other day; urine scanty, loaded with lithates; perspiring rather profusely. An urticarious rash about the body, which changes its locality very frequently.

Bryonia 1x was given every two hour, to be alternated with *Aconite* during the night, if needful. In the evening, the temperature went up to 103.

November 12th. Temperature, morning, 102.2. Pulse 108. No pain except in the right shoulder. No swelling of any of the joints. Perspired copiously during the night. Urticaria much fainter. Coughing a little. Respiration labored. Continue medicine.

Evening temperature, 103.8.

November 13th. Morning temperature, 101.2. Pulse 96. Right shoulder and elbow painful. Tongue cleaner. Heart's action seems rather stronger; murmurs very distinct. Still perspiring very much. Evening temperature, 102.4. Continue.

November 14th. Morning temperature, 100.4; decidedly better. Evening temperature, 102.8.

November 15th. Morning temperature, 100.4. Pulse 96. Left hand and wrist swollen and painful; not much cough. Area of cardiac dullness increased. Evening temperature, 103.6.

November 16th. Morning temperature, 101.4. Pulse 96. Respirations 36. Slept at interval through the night. Complaining much of the pain in the left side, and in the right hand and wrist. Sweating profusely; feels very weak; cough more troublesome and frequent; no expectoration. Bronchial rales heard over most of the chest. Dullness of cardiac area increasing. Bowels acted naturally. *Phosphoric acid* 1x, 4ta horis.

Later on in the day—prostration and dyspnoea both increasing. *Digitalis* was substituted for the *Phosphoric acid*, while brandy was given every two hours in teaspoonful doses, and beef-tea as liberally as the patient could take it. Linseed poultices over cardiac region. Evening temperature, 102.

November 17th. Morning temperature, 101. Pulse 96. Respirations, 24. The area of heart's dullness extending upwards as high as the second rib on the left side. Apex-beat below and to the left of the breast. Dullness extends also to right edge of sternum, and measures six inches diagonally.

Was very faint last night; lips livid; face waxy. Is better this morning. Pulse regular. Passed twenty-four ounces of urine in the twenty-four hours. Not much cough. Temperature (evening), 102.2. The poultices continued. *Digitalis* continued in alternation with *Bryonia* 1x every two hours.

November 18th. Morning temperature, 99.8. Pulse 96.

Respirations 36. Appears much easier. Slept well. Pulse regular and fuller. Double bruit distinct at apex, though sounding very distant.

Tongue raw-beef colour, but clean. Evening temperature, 101.6. Continue Bryon. and Digitals. Food and stimulants continued.

November 19th. Morning temperature, 99.6. Pulse 90. Respirations 26, rather jerking or sobbing in character. Seems stronger this morning. Occasionally sharp pain about left side of chest. Dullness keeps much the same.

Still perspires freely. Evening temperature, 101.6.

Arsenicum 3, alternately with the Digitalis every two hours.

Some fish was ordered, to be followed, if taken without marked embarrassment, by a chop. The stimulants continued.

November 20th. Morning temperature, 100.4. Pulse 90, jerky but stronger. Respirations 32. Several times yesterday and during the night became faint, with very distressing dyspnoea. Sharp pain about three inches below the breast. Just under the breast, a rubbing sound may be heard with the impulse. Murmurs sound most distant at apex-beat, which is outside of breast. Right hand a little swollen. Evening temperature, 101.8.

November 21st. Morning temperature, 100.4. Pulse 86. Respirations 30.

Much stronger. Food taken well. Evening temperature, 101.8.

November 22nd. Morning temperature, 99.6. Pulse 96. Respirations, 27. Passed a better night. No pain. Breathing easier. Seems decidedly stronger. Area of cardiac dullness diminishing. Heart's sounds heard more distinctly. Evening temperature, 101.8.

Continue Arsen. without the Digitalis.

November 23rd. Morning temperature, 99. Pulse 84. Respirations 30. Evening temperature, 101.4.

November 24th. Morning temperature, 98.8. Pulse 96. Respirations 30. Passed a good night. Complaining of

pain in top of left shoulder. Sweating freely still. Evening temperature, 101.2.

November 25th. Morning temperature, 98.8. Pulse 96. Respirations, 24, jerky and uneven. Dulness does not extend so high. Perspiring much. Pain this morning in right shoulder. Cardiac dulness continues to diminish. Evening temperature, 100.2. Digitalis alternately with Arsen.

November 26th. Morning temperature, 99. Pulse 96. Respirations 34. Evening temperature, 100.8.

November 29th. Temperature, 98.8. Pulse 92. Respirations 26. Pulse stronger. Breathing better. No pain, and patient altogether improving rapidly.

December 1st. Temperature, 98.4. Pulse 72. Respirations 36, easier, and not so jerking. No pains in joints. Not much perspiration. Pulse exceedingly compressible.

From this date the reports continue much the same till December 10th, when temperature, 98.4. Pulse 96. Less dulness over præcordia. Heart's action is stronger. Complaining of pain (neuralgic) on right side of face.

December 20th. Is gaining strength gradually. At the apex there is distinct double bruit; at the base the first sound is wholly replaced by a murmur, loudest at the pulmonary area. From this time she continued to improve, regaining strength slowly, progress being checked by a rather profuse attack of epistaxis following a headache on the 12th of January.

She had China after this, and was discharged "much improved" on January 22, 1881.

Case III. Peri-carditis with some endo-carditis.

The next case is one that occurred in private practice at the seaside. Miss R., aged twenty, was attacked September 17, 1881, with febrile symptoms, after having felt some chills the day before, accompanied by headache and depression of spirits.

There were pains in the limbs and in the abdomen; tongue slightly coated; temperature (evening), 100.2; bowels inactive. There was slight tenderness in the right iliac region, to which my attention was particularly directed by the fact

that there had been several cases of typhoid in the neighborhood. I was not able to make any decided diagnosis, and I gave Baptisia.

September 18th. Temperature 101.2 *mane*. Pulse 98, soft. Has passed a rather restless night, but feels herself better in spite of the increase of the true feverish symptoms. Skin is slightly moist. Temperature *sera*, 102.3.

September 19th. There was no longer any doubt as to the nature of the affection this morning. The temperature was 101, pulse 98. The skin moist, perspiring freely, and the secretion of character odor. Pain, tenderness, and swelling in the left shoulder, right knee, and slightly in right ankle. Restless, and inclined to move about in spite of the trouble and pain the movement causes. Bowels inactive; urine acid re-action, moderate in quantity, no deposit. No pain in chest, but a little irritative cough. Some rhonchi to be heard in different parts of the chest; no cardiac sound. Aconite and Bryonia 1x were given alternately. The parents were warned about the danger of chill, and the patient was ordered flannel next the skin—the risk of heart affection being stated. It was not until near the end of the treatment that I found that my warning had been disregarded, and that the patient had been permitted to get up for some reason, while the fever was at its height, and the skin moist with the peculiar secretion. The cardiac region was watched very carefully. Temperature (P. M.) 101.4.

September 20th. Morning temperature 101.2. Pulse 102. No special difficulty of breathing. The right ankle now affected most severely. Has passed again a very restless night. Heart sounds natural; still, neither friction nor alteration of position of dullness being to be found. Dr. Shaw, who had been the family attendant previously, saw her with me this afternoon, and confirmed my diagnosis and treatment. Temperature, evening, 102.6.

September 21st. Temperature, morning, 101. Pulse 102. Respirations 24. Complains of some uneasiness of breathing, and sense of pressure in cardiac region. Could find no friction sound, but the apex-beat was outside of and below

the mamma; dulness extending to second interspace above, and nearly to right edge of sternum; effusion having taken place rather suddenly, as I had examined the heart the evening before, and found no friction sound, nor any marked extension of dulness.

There was no murmur now perceptible, but the sounds at the apex seemed distant. The night had been a very restless one, and the pains were mainly in the right lower extremity, where the knee was the joint principally affected, thus showing the specially wandering character of the affection, which most practitioners will have observed varies in this respect extremely in different cases. For my part, I consider these cases of specially wandering character as the worst to deal with. One never is able to feel sure that one's enemy is beaten, or, at least, until one's patient is quite convalescent, and it is notorious that such cases are those in which the heart is most certain to be affected endo and pericardially.

I ordered large bran poultices to be applied to the cardiac region, and frequently renewed, but did not change the medicine from the Bryonia, though I considered the Aconite had better be suspended. Temperature (P. M.), 102.4.

September 22nd. Morning temperature, 101.2. Pulse 102, regular, but jerky and compressible. Respirations 30. The friends had been alarmed in the night at an attack of difficulty of breathing, but by the time I arrived I could find no special dyspnoea, nothing more than the oppression to be expected in such a state. The night had been restless and sleepless. The principal site of the rheumatism had again changed to the left shoulder, though all the large joints were more or less swollen and tender.

The dulness had now extended quite to the right edge of the sternum, an inch outside the line of the left nipple and below the mamma, and a decided roughening of the first sound was heard. The spirits were very much depressed, and the patient had given herself up. Milk and beef-tea were ordered, and a little brandy and water. The poultices were continued until in the afternoon, when Dr. Shaw again

saw her with me. He then suggested the substitution of *Spigelia* for the *Bryonia*, and of cotton wool for the moist warmth; confirmed the use of stimulants and nourishment. His suggestions were followed out. The evening temperature was 103.

September 23rd. The morning temperature, 101.2. Pulse 102, jerky, compressible. Respirations 36. Has passed a bad night, with much dyspnoea, and is very restless, unable to turn, but cannot keep quiet. The pains in the limbs continue much the same; perspirations profuse, especially at night.

Urine scanty and depositing urates, acid re-action.

Bowels only relieved by enemata.

Dyspnoea rather better after daylight. No sign of improvement as to effusion. Area of dulness not diminished, and there was some roughening of the systole at the apex, the apex-beat being the same in position as yesterday, but not to be felt.

Food and stimulants continued. Evening temperature, 102.8.

September 24th. Dyspnoea very distressing, and she has passed a very restless night. Effusion continues much the same, patient tossing about even in the day. Rheumatic pains still changing about, scarcely any visit finding the condition of the joints relatively the same. Morning temperature, 101.2. Pulse 100, occasionally intermitting. Respirations 40. The dulness continues much the same, perhaps a little higher up in the second interspace. Perspirations continue, but are rather less copious. Urine very loaded and deep colored. No albumen. As there could not be said to be any decided improvement, I ordered the poultices to be re-imposed, and gave *Arsenicum iod.* 3x in alternation with the *Spigelia*. Evening temperature, 103.

September 25th. Temperature, morning, 100.8. Has passed a very restless night. Obtained an hour and a half's sleep last evening, but not a quarter hour through night.

Pain at cardiac region very sharp at times. Roughness of murmur more marked, and sounding nearer. Pulse 100,

intermitting and very compressible. Pains in joints much the same. Urine rather more copious, and less dark colored. Slight cough.

On the whole the impression is that there is a little less distress and restlessness this morning. Continue the treatment. Temperature, evening, 102.4.

September 26th. Morning temperature, 100. Pulse 96, still intermitting, but stronger. Respirations 26, and less anxious. Has passed a much better night, having slept two hours at a time more than once. The breathing more regular and less labored. Countenance manifestly less anxious, though her spirits have not much improved. Tongue furred. Takes her food—beef-tea, etc.—with much less reluctance.

Bowels inactive.

Dulness shows decided signs of lessening, not extending so far out-side of the nipple line. Bruit much the same, except that all sounds seem clearer.

The improvement is manifest to every one about the patient.

Treatment continued. Evening temperature, 101.2.

September 27th. Greatly improved, having slept much better. Morning temperature, 99.8. Pulse 96. Slight thrill perceptible, intermissions occasionally. Respirations 24.

The pains still wandering from joint to joint, affecting the left shoulder with the greatest constancy. Manifest reduction in area of dulness. Apex-beat again to be felt, though indistinctly.

Takes food better. Bowels sluggish, urine freer. *Morale* improving.

Continue *Spigelia* and *Arsen. iod.*

September 28th. Improvement still more manifest in all ways.

September 30th. I found her sitting up in bed, propped up by her pillows. Pulse 96, very feeble stroke. Respirations 20. Sleeping nearly all the night. Taking nourishment eagerly. Tongue furred, but cleaning at the edges, where it is very red. Bowels still inactive.

Urine clearer, still acid in reaction, and at times depositing some urates.

Dulness at cardiac region greatly reduced, its border being within the sternum at the right edge, and about half an inch outside the nipple line at left—not reaching the second space above.

Systolic mitral bruit very audible. Ordered a little fish, if possible, continued the liquid foods and some stimulant. Continue the Arsen. iod. alone, every four hours.

October 2nd. Improving in all respects.

The case was not under my charge for many days after this, and I am not, therefore, able to give so satisfactory a report of it as might be, but so far as the removal of the serous effusion is concerned, I think the iod. of Arsenic may fairly be set down as having been the principal agent.

CASE IV. November 1, 1881. A friend of mine called on me to tell me that his daughter, aged eleven years, had been suffering for a week from severe pain in the left side, interfering with the breathing and describing her state as very serious. My impression was that it was a case of pleurisy. I sent some Aconite, and went the next day, when I found the following case of endo and pericarditis.

Miss E. S., tall and delicate looking, had been exposed to cold and wetting a week ago, and since has been troubled with severe pain in left side, increased by movement of the arms and by deep inspiration.

I found there had been pains in some of the joints, which had subsided as the pain at the chest developed itself. Temperature, 101.2. Pulse 98. Respirations 24. Tenderness over cardiac region. Cardiac dulness extending to outside of nipple line half an inch, and to middle of sternum. Loud but not sharp systolic murmur over mitral region. Apex-beat diffuse outside of nipple.

Child pale, emaciated. Dyspnoea with the least movement, yet the child was dressed and about the house. I, of course, ordered her to be put to bed. The cardiac region to be fomented well with hot water, followed by poultices. I ordered Aconite and Bryonia 1x alternately every four hours.

November 7th. Pain less severe. Breathing even more difficult. Respirations 30. Pulse 100. Temperature 101.

Has passed a restless night. Pain at heart. No rheumatic pains in limbs. Dulness much the same. No perspirations. Skin rather dry than otherwise. Appetite very bad. Tongue furred in middle. Bowels regular or relaxed. Urine depositing on the vessel a pink sediment.

Dulness continues the same as at last report. Pain less sharp. The apex-beat scarcely to be distinguished by touch. I ordered Arsen. iod. 3x every four hours.

November 12th. I found the child greatly improved.

Pulse 102, weak and irregular. Respirations 24, but labored. Countenance very blue. Still sleeps a good deal at night. No rheumatic pains. Perspirations scarcely perceptible. Urine still depositing. Tongue furred, not much liking for food. Bowels acting every other day with some difficulty.

The dulness nearly reduced to natural limits, and the apex-beat felt quite forcibly about an inch below and to left of nipple line.

Loud systolic bruit at apex.

A good deal of cough of dry and irritative character.

Some general rales over greater part of the chest, especially on right side.

To continue medicine. Some meat allowed, in addition to the liquids she has had.

November 14th. Improvement progressing. Countenance much improved in color, and breathing easier. No very marked pain at cardiac region, complains of a dull aching there. Apex-beat forcible.

Bruit very loud. Dulness much the same. Has taken her food well, and the tongue has cleaned considerably under it.

Urine improving in quantity and with less deposit.

Cough better. Continue Arsen. iod.

From this time the patient continued to improve, though she has had another attack since, which was easily controlled by Aconite and Bryonia.

I saw her a few days ago, and found the heart's action forcible, and feeling as though it drew in the fifth and sixth interspace. The bruit at apex was very loud and rough.

Comments.—These cases so far carry their moral with them that there is not much for me to add. I think they all indicate that Arsenicum is a most valuable, if not an indispensable medicine in the treatment of pericarditis with copious effusion; this, however, is hardly new. Most of our manuals tell us this, but I think the cases taken altogether, and especially the first case, suggest that the Iodide is a form which, so far as clinical experience goes, is worthy of a fair trial.

Case No. 1 was most striking from its manifest severity, the amount of effusion, and the rapidity and completeness of the cure, especially as it had been progressing steadily the wrong way until the moment of the introduction of the new medicine.

But some one may say, "There is no evidence that the Iodide of Arsenic will produce pericarditis with serous effusion." Not absolutely, but we do know that both the radicals of which the salt is composed do; at least the negative element is known to produce effusion in the closed sacs, while of the basic radical there is no doubt.

I am far from thinking that we must necessarily repudiate every drug until it has been thoroughly proved. Practically we are bound to make use of all means that come to hand by which we can conquer the pain and suffering it is our mission to do battle with, and while we look steadily forward to the further development and improvement of our arms of precision, we may sometimes destroy our enemy by an Old School flint-pistol.

When we have arrived at the happy day when all metals and metaloids, all ethers and alcohols, carbon and nitrogen compounds, all salts, all vegetable, animal and mineral poisons shall have been equally well proved; when the "Allen" of that day—in how many volumes?—shall only need for us, by aid of repertory, to seek out a *similimum* for any case that may offer, we may perhaps give a millionth

dilution and cure our patient straight off—but, meanwhile, are we to eschew the use of all such drugs as have not been fully proved? I trow not. If we have a fair presumption that the agent will do the work we want done better than those we already employ, let us make essay of it.

Every case should be considered wholly on its own merits, and the greatest enemy to progress is routine.

THE CHOLERA EPIDEMIC.

It is matter of history that a cholera epidemic makes an almost regular pilgrimage around the world. Whether this is brought about by the large amount of cholera germs generated about the Ganges and then exported along the great lines of travel, or whether there is a general atmospheric condition that favors the development and spread of cholera, are questions that scientists have failed as yet to solve. Whatever may be the cause, the sudden visitation of cholera in the Philippine islands is causing much alarm in Europe. Owing to loose quarantine regulations the disease was first brought to the Sooloo islands by a steamer, and rapidly spread among the natives all over the islands in the Sooloo Archipelago. There are 120 of the Sooloo islands alone, and as they have an active trade with China and Japan, with little or no quarantine regulation, the Chinese vessels carried the disease to Manila and Luzon, of the Philippine group of islands, still further north. At these points it at once commenced to rage with terrible violence. The average number of deaths in Manila alone, the Capital of the Philippines, is about 250 a day. From the 14th to the 29th of August 4,560 persons died in Manila alone. It is difficult to get complete returns, as the Indians are so superstitious that they make no resistance to the disease, but it is known that nearly 20,000 victims have perished in the Archipelago, which is exclusive of those who have died in the Sooloo islands, amounting to several thousands more. From the

Philippine islands the disease has been carried to Japan, where it has commenced to spread rapidly. Twenty-five cases were reported daily when the last mail left Yokohama, and all religious festivals and theatrical exhibitions have been discontinued. In addition to this sufficiently alarming news, it is now announced that the cholera has broken out among the Moslem pilgrims, who are fearfully filthy, returning from Mecca to the Mediterranean States on the African coast, and a cholera patient was found on board a pilgrim-ship from Bombay entering the Suez Canal.

The canal is the new gateway of the cholera on its march towards Europe. The director of the Medical Department of the Russian Government writes: "Since the opening of the Suez Canal Europe has been placed in such close and almost immediate relations with India, the birthplace of cholera, that almost all the other routes by which it has hitherto penetrated into Europe from that country have lost their exclusive importance." To hold this gateway closed against the admission of this most unwelcome visitor, Europe is making strenuous efforts. Spanish commerce with her Indian colonies passes through the canal, likewise her mail and military service. Her steamers and men-of-war enter it every week, and the Government has ordered all Spanish vessels leaving the infected colonies to be subjected to the most rigorous quarantine, and for that purpose has established large lazarettos in the Balearic Islands. These may be considered the finest line of intrenchments against the enemy. The citadel is at the southern mouth of the Suez Canal, where an International Sanitary Commission, representing fourteen powers, the United States among the number, has control. The barrier was established a year ago, and the commission boasts that it kept the cholera out of Europe in 1873, 1877, and 1881.

The English, who control 80 per cent of the commerce passing through the canal, have complained of the vigorous interference of the commission with vessels, but, "the majority of the Sanitary Commission look at their duties with a strictly professional eye. They are appointed to keep

out cholera. It is their *raison d'être* to impose quarantine regulations, and they lose no opportunity of doing so. The brave Horatius did not hold the bridge more tenaciously in the old days of Rome than the Sanitary Commission hold the Cholera gate of Europe against the Asiatic invader." This is cheering news, since next year is the appointed time for its reappearance in Europe and the time when cholera will be at its maximum in the world. By numerous citations of dates, a member of the Royal Academy of Sciences in England has shown that the maximum of cholera occurs every seventeen years, which will locate its next occurrence in 1883. As a curious coincidence, also, it is noted that the present summer in the cholera localities, as well as in Southern Europe and Northern Africa, has all the characteristics of past summers immediately preceding cholera seasons. So far as the United States is concerned, there is double danger. Vigilance at the European gateway may save us from an attack from that quarter, but we have a gateway of our own on the Pacific coast where the epidemic may enter from the Asiatic coast unless great vigilance is exercised.

Dr. Baer said, many years ago, that a prevalence of eastern storms was favorable for the appearance of cholera on our shores. If we have a prevalence of storms from the west, as weather prophets predict we shall for the next six months, we may have a visitation from cholera via San Francisco. As Sulphur is a prophylactic the eastern bound Pacific steamers should all be well supplied. Our coast friends should see that quarantine is rigidly enforced. The epidemic of 1873, reached Europe via Russia and the United States from a vessel from Liverpool. It is doubtless due to this circuitous route that the mild character of the epidemic of 1873 was due. The more severe epidemics, it is believed, have come via Mecca. The Suez Canal would be a favorite route if it was not for the strict quarantine maintained.

Eye and Ear Department.

SUPPURATIVE KERATITIS—TRACHOMA.

BY THE ITALIAN OPHTHALMOLOGICAL CONGRESS.

The Italian Ophthalmological Congress was convened at Rome September 26, 1881. An exceedingly interesting report of the session is given in the "*Klinische Monatsblatter for Augenheilkunde*," for May. Among the subjects for discussion was that which is at present receiving such deserved attention from many careful observers, antiseptis, or more particularly, the dependence of corneal suppuration after operations on the eye—on parasites—with the best methods of prevention and treatment.

Del Monte opening the discussion, believed that certain forms of keratitis are of parasitic origin, but that he was in possession of no evidence from his own experience to demonstrate that corneal suppuration following cataract extraction could be traced to this cause.

In the absence of experience in this matter himself, he referred to the results obtained in Wiesbaden and Halle, where the antiseptic treatment after cataract extraction was first advocated. The assistants at these clinics had communicated cases of corneal suppuration during the last year, that could only be due to the irritant properties of Carbolic acid. Such cases most strongly oppose the parasitic theory. He could say negatively from his own experience, that he had performed cataract extraction under the most unfavorable hygienic conditions, but as yet, had no case of suppurative keratitis in consequence. The parasite *per se* is not absolutely dangerous, less so indeed, in the speaker's opinion than rough or unskilful manipulations during the operation, and more especially in bruising the edges of the wound in the attempt to remove remaining lens fragments by means of the hook or spoon. Without entirely denying a zymotic influence, the speaker believed that to severe truma, and

more especially to a low state of the system of the patient, the larger number of unfortunate results could be traced, and upon these causes too little weight had been laid.

Buenelli agreed in general with the previous speaker. He also attached especial importance to syphilis and other dyscrasias, as having a direct bearing on the unfortunate results following operations.

Velardi believed that the parasitic influence in suppurative keratitis had been much over-estimated, but yet would not wholly disregard it.

Anglucie thought that simple cleanliness and local hygiene gave results equally satisfactory with Lister's method.

Bonageute noticed the fact that destruction of the cornea from parasitic influences may not only follow cataract extraction but even simple paracentesis or iridectomy, and more especially, division of the cornea for hypopyon, which last operation, on the contrary, is one of the safest methods of treatment for this disease.

Morano ascribed to traumatism the greatest influence in suppurative keratitis.

Del Monte differentiated between two forms of suppurative keratitis. One, primary, proceeds from the edges of the wound and which is dependent more especially on traumatism, the other, secondary, from irido-cyclitis and dependent on other causes. The dangers of remnants of cortical substance and constitutional disturbances, while they could not be denied, were often, in the speaker's opinion exaggerated.

Dautone spoke in favor of disinfection, and said that it was his custom not to touch the eye for five days after the operation without previously disinfecting the hands or instruments. His opinion was strongly supported by twenty successive operations which he had recently performed with excellent results, while shortly before, from seven extractions without antiseptic precautions four had failed.

At a subsequent session the discussion turned on the "Disadvantage of a caustic treatment of granulated eye lids."

Ribezzi, who introduced the subject, rejected the usual caustic methods. He believed the granulations to be the

usual consequence of a conjunctural catarrh involving the deeper structures, whereby the cell elements and capillaries become enlarged. Of quite an other nature are the granulations which come without previous inflammatory symptoms and which are dependent on general internal causes. Of the latter form of the disease the speaker had nothing to say. In the first named affection, however, the treatment must not be directed to the destruction of the granulations and with them the connective tissue, but rather to the restoration of the normal nutritive function. In the speaker's opinion the milder astringents were efficacious remedies in controlling the granulations and in preventing their appearance. As especially useful were mentioned: Collyria of Tannin, Quinine, warm fomentations, grey salve, Iodine tincture applied to lids, etc.

Rosmini had formerly made energetic use of caustics, especially the Nitrate of Silver stick, but he was convinced of the injurious effects of these remedies in trachoma. He took occasion to refer to an old case of pannu crassus which had been completely removed by the inoculation of urethral pus.

F. PARK LEWIS.

RELATIONS OF THE NOSE AND EAR.

A book* from the pen of Anton von Troeltsch needs no endorsement to those familiar with aural bibliography—and the name of J. Orne Green as translator is sufficient assurance that the author's careful observations will be interpreted with accuracy and elegance. Nor in this are we disappointed. The volume is taken from Gerhardt's "*Handbuch der Kinderkrankheiten*," and consists of 165 pages of valuable matter. While the work is one that will, of course, be found on the table of the specialist, it contains also very much of interest to the general reader. The discussion of the prenatal condition of the middle ear with the tendencies to tympanic disease are of great value in connection with the

* *Diseases of the Ear in Children.* By Anton von Troeltsch, M. D., Translated by J. Orne Green, A. M., M. D. New York: Wm. Wood & Co.

writer's dissections. Of equal interest are his hygienic suggestions, and their general application will perhaps excuse an extract: "In considering the nose and pharynx as part of the respiratory tract," he says, "we must call attention further to the injuries which the inhalation of impure air has upon their mucous membrane and indirectly upon the ear. Children living in crowded nurseries, which are also used as water closets, and also often for cooking, drying of linen, etc., and those who frequent overcrowded and unventilated schoolrooms, are subject to a bad, and, for the purpose of breathing, unservicable air—an evil which is receiving more and more attention, at least in hygienic writings. Too much stress cannot be laid upon the effect which too warm, too damp, or impure air, in the house and in the school, exerts upon the health of the child—an effect which is most directly exerted upon the nose and pharynx, with which it is first brought into contact, and upon the extensive lining or mucous membrane of which a large part of the dust and superfluous water, and of the gases from the surrounding atmosphere are deposited. If the majority of the severe diseases of the nasal and pharyngeal mucous membrane, of continuous cold in the head, of angina, croup, and diphtheria occur in childhood or during school life, the reason is that at no other time of life are these regions subjected in such violent manner to the injuries produced, by the continuous inhalation of foul air; it is not intended to state, however, that parents, teachers, and even physicians are fully advanced to this view of the subject."

The importance of an early recognition of otitis neonatorum, and of acute and subacute non-purulent catarrhal conditions of the tympanum is fully discussed.

The chapter on foreign bodies in the ear is of much practical value; but the greatest general interest will perhaps centre in the treatment of deaf mutism. The methods of instruction, with their comparative values are very impartially considered. Altogether the book is one of the most readable that has appeared for some time.

F. PARK LEWIS.

Medico-Legal Department.

HOMŒOPATHY IN CONGRESS.

OFFICE OF THE CHAIRMAN OF THE COMMITTEE ON LEGISLATION,
AMERICAN INSTITUTE OF HOMŒOPATHY,
1706 Green-St., PHILADELPHIA, Sept. 15, 1892. }

DEAR DOCTOR: The above named Committee for the current year of the Institute consists of the following members: J. C. Morgan, M. D., Philadelphia, *Chairman*; A. I. Sawyer, M. D., Monroe, Mich.; J. P. Dake, M. D., Nashville, Tenn.; F. H. Orme, M. D., Atlanta, Ga.; E. C. Franklin, M. D., Ann Arbor, Mich.; I. Tisdale Tabot, M. D., Boston, Mass.; J. C. Budlong, M. D., Centredale, B. I.; George F. Roberts, M. D., Chicago, Ill.; Philo G. Valentine, M. D., St. Louis, Mo.; Ambrose S. Everett, M. D., Denver, Col.; O. B. Currier, San Francisco, Cal.; G. W. Pope, M. D., Washington, D. C.

The districts remain as last year, very nearly.

Your attention is respectfully called to the necessity of securing numerous helpers within your district, in order to carry out our work; particularly in securing congressional votes, as hereinafter explained.

The most important duty now before the committee is that imposed by the vote of the American Institute at its late session, instructing us to press the demand for equal rights in the medical corps of the United States Army and of the Civil Service.

Pursuant thereto, the chairman prepared a "joint resolution" for presentation to both Houses of Congress. This was amended by the Hon. Chas. O'Neill, M. C., of Philadelphia, and presented by him (by unanimous consent), in the House of Representatives; and by the Hon. J. Donald Cameron (also by unanimous consent), in the Senate. In each House it was read twice, and referred to the appropriate committee, in whose custody it remains, and whose active support must be now secured. These are, the House Committee on the Judiciary, consisting of Hon. Thos. B. Read, of Maine; Hon. Edwin Willits, of Mich.; Hon. Geo. D. Robinson, of Mass.; Hon. J. F. Briggs, of N. H.; Hon. H. L. Humphrey, of Wis.; Hon. Ezra B. Taylor, of Ohio.; Hon. Moses A. McCoid, of Iowa; Hon. L. E. Payson, of Ills.; Hon. A. Norcross, of Mass.; Hon. J. Proctor Knott, of Ky.; Hon. N. J. Hammond, of Ga.; Hon. D. B. Culberson, of Texas; Hon. G. Converse, of Ohio; Hon. Van H. Manning, of Miss.; Hon. R. W. Townsend, of Ills.; and the Senate Committee on Civil Service and Retrenchment, consisting of the Hon. Joseph R. Hawley, of Conn.; Hon. Edward H. Rollins, of N. H.; Hon. John P. Jones, of Nevada; Hon. Henry L. Dawes, of Mass.; Hon. John I. Mitchell, of Penn.; Hon. M. C. Butler, of So. Ca.; Hon. Jas. D. Walker, of Ark.; Hon. John S. Williams, of Ky.; Hon. George H. Pendleton, of Ohio.

The following is a copy of the "Joint Resolution" in question : "House Res. 259;" July 17th, 1882. "Senate Res. 96;" July 14th, 1882.

"JOINT RESOLUTION—relative to Schools of Medical Practice in the United States, and the graduates thereof.

"*Resolved by the Senate and House of Representatives of the United States of America in Congress assembled*, That it shall be a misdemeanor, punishable by a fine of five hundred dollars and dismissal from office, for any Officer of the United States Government, Civil, Military, or Naval, to make discrimination in favor of or against any school of medical practice, or its legal diplomas, or its duly and legally graduated members, in the examination and appointment of candidates to medical service in any of the departments of the Government.

"SEC. 2. That all such examinations shall be open to the attendance and witness of all physicians, citizens of the United States; and that duly certified copies of the complete records of all the details of said examinations shall be placed on file in the Office of the Librarian of Congress, subject to the inspection and use of members of Congress."

On the introduction of this measure, the journals of the old-school showed much alarm and opposition, even abusing the Hon. Senator for his action. On the other hand, the Allopathic liberals have contended for its propriety. We thus learn that we must prepare for a sharp contest.

The first step will be to secure immediate and favorable consideration thereof by each of these Committees; to which end, the several gentlemen whose names are above given should be duly informed of its nature, and their approval individually sought by the prompt and earnest personal efforts of physicians and others, in their respective districts. The resulting recommendations of these Committees will doubtless largely shape the action of the House and Senate. The consequences to Homœopathy will be immense.

The second step will be to obtain (duplicate) signatures in large numbers, everywhere, to the annexed petition to the two Houses. The petitions should be forwarded *as soon as possible*, through the Chairman of this Committee, or otherwise, before the *opening* of the winter session, in order that the resolution may obtain an *early* consideration in each House, *for third reading, and passage*.

The third step will be to secure the influence of each and every member of Congress, through the personal appeals of our friends and theirs, united with those of all the excluded systems of practice in their own districts; letting all know that scientific medicine fears nothing, and can lose nothing thereby. Our societies, everywhere, should pass, and forward, *resolutions sustaining* members who favor our cause.

The fourth step will be to endeavor to secure from the President of the United States a like favorable consideration, and *his signature*.

Every person who shall see this circular is particularly requested to take notice of whatever of these steps he or she may be able to further in any way, and to constitute a committee for that purpose. *Let all actions be immediate!*

It is to be borne in mind, and duly urged, that the British Medical Act of 1858 (Section XXIII), is of like tenor, as respects the impartial licensing of medical men in civil life; going so far as to revoke the licensing power of institutions vested therewith, as a penalty for violation of the said prohibition. This act forms an undoubted precedent in law. The *equity* is undeniable. (See *British Journal of Homœopathy*, April 1st, 1882).

J. C. MORGAN, M. D., Chairman.

The following is the form of heading of the Petition to be circulated and signed; and of which copies will be furnished by the Chairman:

TO THE HONORABLE THE SENATE AND HOUSE OF REPRESENTATIVES OF THE UNITED STATES OF AMERICA, IN CONGRESS ASSEMBLED:

The undersigned, your petitioners respectfully represent to your honorable bodies,

1. That the theory and practice of medicine is a matter of great importance to the Army, the Navy, and the Civil Service of the United States;

2. That at the present time, the opinions and practice of physicians of equal learning, ability, and honesty, differ so widely as to divide them into sects, such as those commonly called Allopathic and Homœopathic.

3. That one of these sects, calling itself "regular," has now, and has always held absolute medical control of all Departments of the Government Service; thus compelling all government employees to submit to its arbitrary choice of medical treatment.

4. That no candidate for appointment to medical service under the government, who avowed his belief in any other system of medical practice than that called "regular," however learned and well qualified in other respects, has heretofore been accorded an appointment or even an examination for the same, in any government service.

5. That such discrimination in favor of one medical system against all the others, equally high in the confidence of the people of the United States, is an evident usurpation of powers not granted to the said public servants by law, and therefore tacitly prohibited to them.

6. That your petitioners, patrons of all systems of medical practice, including the so-called "regular" itself, do earnestly pray that such unjust and injurious discrimination be hereafter prohibited by law of Congress, in some form, such as the Joint Resolution now before your honorable bodies, viz.:—Senate Resolution (1st Session), No. 86, and House Resolution, No. 259, of July 14th and 17th, last, respectfully; and that all *qualified* physicians be thus made *equal before the law*, in the Government Service.

THE NATIONAL BOARD OF HEALTH.

[We have received the following from the secretary of the National Board of Health and suggest the active co-operation of our readers in behalf of this national organization.—Ed.]

The action of the 47th Congress in withholding from the National Board of Health the appropriations necessary to the satisfactory performance of the duties imposed upon it by the constituting act of March 3d, 1879, and the subsequent assignments of the epidemic fund, hitherto controlled by the National Board of Health to the Marine hospital service by the order of the assistant secretary of the treasury, have placed the board, inferentially, in an attitude of defence before the country, firstly, as to the propriety and usefulness of the work conducted under its auspices, and secondly, as to the manner in which its expenditures have been effected.

It is needless to recapitulate to a member of the American Public Health Association the labors of the Board on behalf of the public welfare. These are well known, and have been the subject of formal resolutions at former meetings of the association which encouraged, sustained, and materially assisted the Board in its efforts to accomplish that for the general good which was impossible to the unaided state authorities under existing laws.

The immigrant inspections which have been instituted and successfully carried out since the last meeting of the Association, and by which the importation of the small-pox poison has been practically ended, illustrate the methods of colaboration possible through the medium of the Board.

It is equally needless to attempt a refutation of the mis-statements and misrepresentations which have been made even in Congress regarding the expenditures of the Board. Its financial statements have been published from time to time and are familiar to members of the Public Health Association.

The Board is so situated that it cannot defend itself from these implied aspersions, but must trust to the support of those who know and value its efforts in the public service to have them properly and generally appreciated. If thus appreciated, as they may be by the help of the members of the association and of medical men and sanitarians generally throughout the country, congressional action may be influenced to do justice in the coming session to the National Board and the sanitary interests of the people.

I as an individual, solicitous for the future of sanitary legislation and progress, take the liberty of thus addressing you on behalf of the Board and the general interests connected with it, because, while cognizant of the injustice which has been done to it, of the good it has accomplished, and the difficulties under which it has labored. I have participated in none of these and can ask for an expression of your approval, support, and influence in Congress without the hesitancy which a personal interest involves.

I am dear sir, with much respect, CH. SMART.

Major and surgeon U. S. Army and secretary; National Board of Health.

Society Department.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE TWENTY-THIRD WARD, PHILADELPHIA, PA.

The regular monthly meeting of this Society was held at the North Star Hotel, Frankford, October 18th, at 8 o'clock, P. M. President, Dr. N. May in the chair. The minutes of the last meeting were read and approved. This being the annual meeting, the following officers, to serve for the ensuing year, were elected: President, Dr. Richard Lewis, of Frankford; Vice President, Dr. N. T. Jerman, of Holmesburg; Secretary, Dr. C. W. Powell, of Bustleton; Board of Censors, Dr. G. B. Bartholomew, Dr. J. C. Lewis, and Dr. D. B. Ulmstead. The chair appointed Dr. H. Reynolds essayist for the next meeting, which will be held at the residence of Dr. H. Reynolds, Bridesburg. The society then adjourned to meet in the banquet hall of the hotel, where the members and their friends sat down to a repast which reflected great credit upon the landlord and his able assistants, and the hearty manner in which the guests partook of the many good things was sufficient proof that they fully enjoyed themselves. The following is the list of participants: Drs. N. May, Richard Lewis, M. McFarland, C. Weaver, B. F. Betts, W. C. Powell, Jr., Dr. Wright, L. A. Smith, J. E. James, W. C. Powell, Sr., J. C. Lewis, D. B. Ulmstead, H. A. Sheetz, R. C. Allen, W. B. Trites, J. R. Reading, B. W. James, O. B. Gause, G. B. Bartholomew, N. T. Jermon, J. M. Beyer, and H. Reynolds, Capt. O. E. Michaelis, U. S. A., Messrs. W. F. Knott, C. J. Wightman, W. W. Axe, T. B. Foulkrod, C. J. Harrison.

The Post-Prandial exercises consisted in giving the following toasts:

1. Hahnemann. The first to proclaim the law of "Similars"—the only known law of cure. Responded to in silence by standing.

A WORKING SOCIETY.

2. The Homœopathic Medical Society of the Twenty-third ward. Responded to by Dr. R. C. Allen. Dr. Allen said:

MR. PRESIDENT AND GENTLEMEN: At the June meeting, a resolution was adopted, directing the secretary to prepare a resume of the year's proceedings of the society and read it at the annual meeting. It is with great pleasure that I submit the following synopsis of the proceedings for the year just closed. By a circular invitation, signed by Drs. Richard Lewis, Richard C. Allen and J. C. Lewis, the Homœopathic Physicians of the 23d ward and vicinity were invited to meet at the residence of Dr. Newton May, and take part in the formation of a Homœopathic Medical Society. In response to this invitation, the following physicians met at the residence of Dr. May, October 21, 1881, and organized the Homœopathic Medical Society of the 23d ward,

Philadelphia: Drs. Newton May, N. T. Jerman, R. W. B. Cornelius, W. C. Powell, J. R. Reading, J. H. Reading, C. Weaver, D. B. Umstead, H. Reynolds, C. F. Stanger, Richard Lewis, Richard C. Allen, G. R. Bartholomew, J. C. Lewis, and J. V. Allen. An organization was effected by the election of Dr. Newton May, President; Dr. J. R. Reading, Vice President, and Dr. Richard C. Allen, Secretary. Dr. May, in his inaugural address, related a few of the circumstances which influenced his conversion to Homœopathy. He narrated the facts of two cases which defied all Allopathic treatment he had employed, and about which he had consulted eminent Allopathic authority in Philadelphia without the slightest good coming from it, but were promptly and permanently cured by him through a few doses of Homœopathic remedies. Dr. May, with Dr. Henry N. Guernsey and Dr. David James introduced and established Homœopathy in the 23d ward and part of Bucks county.

At the November meeting a Constitution and By-Laws were adopted. During the year valuable and instructive essays upon the following subjects were read and discussed. Otitis in children, Dr. J. C. Lewis; Eczema, Dr. D. B. Umstead; Prolapsus Uteri, Dr. N. T. Jerman; Neuroses, Dr. G. R. Bartholomew; Scurvy, Dr. W. C. Powell; Parturition, Dr. C. Weaver; Cholera Infantum, Dr. J. C. Lewis; Sterility, Dr. R. C. Allen; Leucorrhœa, Dr. H. A. Scheetz; Cold Feet, Dependent on Hyperæsthesia of the Sciatic Nerves, by Dr. N. May. To take up these papers seriatim, and give a synopsis of their contents, would occupy more time than the province of this occasion would allow. I can say, however, that the subject matter of each of these papers was an exposition of the clinical experience of the author. Each paper was ripe with observations of great value to the profession, and unmeasured benefit to suffering humanity.

The society has been represented at other important medical gatherings. Dr. B. C. Allen represented you at the session of the American Institute of Homœopathy held at Indianapolis, in June; and Drs. C. Weaver, J. H. Reading and Richard C. Allen at the reunion of the Homœopathic Physicians of Philadelphia, April 10, at the Hotel Bellevue, on the occasion of the 127th anniversary of the birth of the immortal Hahnemann. Several interesting and instructive phenomenal specimens have been presented by members, at different times, for the consideration of the society. The meetings have been held monthly at the residences of the different members, and the attendance has been generally good. The discussions have been uniformly participated in by all the members, and marked by harmony and courtesy throughout. In addition to the papers which have been read and discussed, other subjects, occurrences of the day, of momentous interest have been brought up and discussed to our mutual benefit. Has the object for which this society was formed been obtained? I can answer, voicing the thoughts of each member, it has. A good, profitable work has been done. Our meetings, with the discussion of matters which concerns the best interests of our

patrons, have not failed to bring forth good fruit. As the attrition of two rough stones produce a polished surface, so have the frictions of our different opinions and experiences brightened and improved us individually for the noble work of our honorable calling. Permit me to say, Mr. President, that a future of great usefulness is open to us. How shall we improve it? My advice is, stand steadfast in the faith, united in action, true to each other, and faithful to our patients. At the very beginning of our Constitution it reads: "The object of this Society shall be the advancement of Medical Science and Fraternal Intercourse among Homœopathic Physicians."

Now in closing let me say, come to our meetings with gathered facts from clinical experience, and you will, by that means, advance medical science, by coming and joining in the discussions, you will promote the fraternal intercourse. Let our motto be: "*In certis unitas, in dubiis libertas, in omnibus charitas.*"

8. Our Invited Guests. Responded to by Dr. B. W. James.

MEDICAL LITERATURE AND OUR DUTIES.

4. Our Medical Literature. Responded to by Dr. J. C. Lewis.

Dr. Lewis said:

MR. PRESIDENT AND GENTLEMEN: When we consider the difficulties Homœopathy has labored under, when we recall the bitter, persistent persecution that has beset it, we are surprised at our present status in the medical world. In its early history, most of the works published on the subject were printed in the German language. Hence, those, who, in America, were desirous of investigating the subject, had little chance so to do. This want of proper literature in our mother tongue, was a great drawback to our increase in numbers and influence. After a time, these valuable books were translated into our language by such men as Hempel is an example of, men whose achievements in this direction will ever be associated with the success of our school of medicine in the new world. The task those fathers of Homœopathy undertook was not an easy one, was one fraught with labor and which brought reward only as they saw their beloved system prospering and extending in all directions; for their lives and fortunes had already been laid on the altar. These heroic men laid the foundation of our medical literature. Can we revere their names too highly? can we, who enjoy the fruits of their labors, ever realize the anxious days and dreary nights they experienced in order to further the cause of right? They have passed away, but their names will be cherished as long as there is one friend of research, one believer in the eternal truths they enunciated and promulgated. We may say of them as Cato in his soliloquy says of the soul:

"The stars shall fade away, the sun himself
Grow dim with age, and nature sink in years;
But thou shalt flourish in immortal youth,
Unhurt amidst the wars of elements,
The wreck of matter and the crush of worlds."—ADDISON.

Our literature of to-day is in a flourishing healthy condition and does credit to our cause. Our profession, consisting as it does, of men of liberal education and attainments, is well calculated to place Homœopathy before the world in its most attractive aspect. It has, on the foundation already laid, reared a structure of which we are proud, and is continually beautifying and embellishing it. Mention of the names of Helmuth and Allen of New Aork; Raue, Hering, Thomas and H. N. Guernsey of Philadelphia; Duncan, Ludlam, and Hale of Chicago, and Edmonds of St. Louis, is enough to suggest the high character of the works emanating from such fertile minds. The Allopathic profession appreciate the teachings found in our literature as is evidenced by their appropriation of our discoveries in therapeutics and even surgery, (which they, in bold effrontery, have hitherto claimed as their exclusive ground.) These are charges we can substantiate, and while we decry the meanness and unfairness that prompts to such plagiarism, yet we are glad to see them coming over to our way of practice, though they may not admit belief in our law of cure. Our periodicals are numerous, well-conducted, and, we are glad to say, well patronized by the profession. They are a great help to the busy doctor, giving in a nutshell what might take hours of study to accomplish. No progressive physician will be without some of the periodical our school possesses. Expressing the ideas and experiences of men in all parts of our great land, they educate us as it were, as to the diseases peculiar to different sections. If the present cheering outlook is realized, the future of our literature will be bright. Its past has presented a rugged road, full of obstructions and affording no resting place to the weary pilgrim to the shrine of Hahnemann. Now, through the efforts of our fathers in the faith, the road is well paved and progress is easy and rapid. The future will present but few difficulties to he who treads the well beaten track, and, as he presses on, giving to the world the benefit of his experience and knowledge, he will do so without fear of that persecution, obloquy and ostracism, that almost overwhelmed our pioneers. Mr. President, we can all have a share in building up our literature. Any peculiar case we may be called on to treat, any anomaly we may meet within our daily rounds, would, if reported in our periodicals, be of interest to the profession. We should all endeavor to benefit our brethren and through them their patrons, remembering 'tis not necessary or possible for all to be Helmuths or Ludlams. The modest little flower is not noticed by the eager throng as they rush along, either on their errands of business or pleasure, but the weary, forlorn traveler, resting by the wayside, plucks it and admires its beauty. So it is with the life of the average physician. His deeds are not emblazoned in glowing forms along the chief avenues of life, but on the narrow ways, at the crossroads, we see his inscriptions, pointing the bewildered, suffering pilgrim the right road to the Mecca of healing. His efforts may be feeble ones, his thoughts may not be inscribed in

elegant and euphonious phrases, yet remaining there in ineffaceable characters, will do incalculable good.

5. The Press. Responded to by Mr. W. W. Axe.

6. Our Patrons. Responded to by Dr. Richard Lewis.

7. The Fellowship and Unity of our Members and the Advancement of our cause. Responded to by Dr. J. R. Reading.

8. Our Pioneers who triumphed over prejudice and opposition and placed Homœopathy as the true law of cure in the front ranks of advancing science. Responded to by Dr. W. C. Howell, Sr.

9. The Day we Celebrate. Responded to by Dr. G. R. Bartholomew. A few pleasing and appropriate remarks were made by Dr. W. B. Trites, of Manayunk, Philadelphia.

Dr. C. Weaver acted as toastmaster, which duty he fulfilled with signal success. Regular reports will appear in these pages.

Consultation Department.

FEVER BLISTERS.

Will some one please explain the *modus operandi* of fever sores and blisters on the lips, e. g., where *Natrum mur.* is curative. Why do they come and how? STUDENT.

IS IT FAIR ?

MR. EDITOR: Is it fair for us to stand by our Homœopathic colleges as we have done for the last ten years when some of the professors recommend and urge students to get Allopathic text-books? If we are to support our own institutions by sending them students is it fair or right for the professor to teach them Allopathy themselves or by proxy? I shall send my students to the college that is thoroughly Homœopathic by precept and influence. Furthermore I select his text-books myself and know that he is enthusiastic for HOMŒOPATHY.

A PATHOLOGICAL VS SYMPTOMATIC BASIS.

I would like to know why repertories arranged on a symptomatic basis are not as much used as they were years ago. Can you tell us why Mr. Editor?

[Possibly the reason is that few physicians are trained to carefully collect and then properly dissect their cases. Attention is more directed to putting the symptoms together to form a disease and again the selection of the remedy is chiefly based upon the supposed disease. What remedies have proved servicable in this disease and which one corresponds to the case is the usual train of thinking. This is a "cross-lots" method of reaching the remedy and is the one usually chosen by the busy practitioner. The trouble with it is that he is rarely *sure* that he has the right remedy and the tendency is to change

to match the changing phases of disease. In acute diseases the success of this plan is usually satisfactory, but in chronic cases where our forefathers in medicine won such grand and glorious victories it is of little satisfaction. The good results are very insignificant. The large number of old chronic cases that abound in every neighborhood where there are superficial prescribers, of any school, testifies to the want of success of this method, which might be termed the dependent method of selecting a remedy from the pathological basis and answers very well in acute simple cases.

The other method, better adapted to chronic cases takes the case as it stands and records the history of its development and all of its details. The beginner in this method is often appalled by the mass of symptoms and frequently stops short of a full history or is diverted by some pathological side issue. Now having perhaps a hundred symptoms he can construct a half dozen different diseases and see a score of remedies reflected in the picture, but perhaps no one that covers the totality of the case. It is just at this point where the student of Homeopathic therapeutics needs a repertory to help him. Which symptom or symptoms shall be taken from which to select the remedy is the serious question, for all appear of equal importance. The patient may magnify one or another because most distressing or annoying. Here many resort to an unwritten rule to take three prominent symptoms, as well as the aggravations and ameliorations as our guide and if possible give prominence to the last symptom that appears, as those chronic cases are a mass of consecutive series or groups of symptoms. The remedy that corresponds best to these three prominent symptoms, and the aggravations, etc., especially covering the last symptoms as well as many others, is supposed to make an "impression on the case." The "impression" is of two kinds, (1) a decided aggravation or (2) a marked relief from the symptoms shot at. Now time is to be given for this "impression," one dose a day for a week is often given with the injunction: "If the marked powder (the medicine) seems to make you worse stop taking them but go on with the others." (Blanks.) Blanks are continued another week then the case reports. In chronic cases there are frequently monthly aggravations, so blanks are given for other two weeks, then the case is carefully reviewed and the history since the shot and the present status is compared with the previous full history. Now the question arises is the disease retracing its steps. If symptoms arise not in the first record the question is often asked, "have you had such symptoms before." They may be recalled and the date given, then the inference is that the cure is going on, and the remedy is or should be allowed to "work," repeating only often enough to keep the case unraveling steadily, i. e., symptoms disappearing. The opinions of the patient are of little consequence when symptoms one after another disappear. Frequently the last phase of symptoms are the most distressing and the patient gives up when the next month would have found

him free from all his troubles. The doctor is here a pilot and should if possible take his patient into confidence.

If the first shot is a miss, and new symptoms arise then the new combination of symptoms are usually so emphatic that the selection of the Homœopathic remedy is often easy.

The plan of first giving Nux when the case has had Allopathic drastic drugs often simplifies the selection of the remedy for the case very much. When there are few symptoms, Sulphur when there is a bodily insensibility and nervous hyperæsthesia and Opium when there is a mental insensibility and an untruthful disposition, are often given to clear up the case or arouse symptoms. If there is a history of an injury, Arnica is often given first, and the effect carefully compared with the first full history. This method it will be seen necessitate a full and carefully collected history of the case. To select the remedy a repertory or dissected materia medica is a necessity.—ED.]

Progress of the Medical Sciences.

Fiddle-String as a Bougie.—Dr. F.E. Daniel, of Jackson, Miss., failing in a case of very tight stricture to get in the smallest ordinary bougie, used in the emergency a small *fiddle-string*. This passed in readily. Being withdrawn in a few minutes, it was found to have swollen to nearly twice its previous size. A larger one was then passed and allowed to remain fifteen minutes: this being then withdrawn, the urethra was sufficiently dilated to get in a No. 4, then a No. 6 bougie, and finally a flexible Nelaton's catheter, threaded on a fiddle-string. A second case was equally satisfactory. Dr. Daniel claims for the fiddle-string (catgut), cheapness, simplicity, availability, harmlessness, strength, and rapid expansion.

Sciatica.—In nineteen cases out of twenty in which the diagnosis of sciatica is suggested there is no affection of the sciatica nerve whatever. They are simply cases of arthritic disease of the hip in one or other of its various forms—acute gout, chronic gout, rheumatic gout, subacute rheumatism, or chronic senile rheumatism. Both by the public and the profession these cases are constantly called sciatica. Our workhouse infirmaries are full of chronic cases under that name, and I speak advisedly when I say that I feel sure that they are almost all examples of *morbus coxæ senilis*. Of the cases of sciatica which are not hip-joint rheumatism, some are probably affections of the fascia or periosteum near to the hip; a minority are possibly affections of the sciatic nerve itself. In these latter it is the sheath of the nerve which becomes painful. The pain may be darting or may radiate, but it does not pass down the nerve-tubules or in any way make the patient conscious of their course. The diagnosis of true sciatica is to be based upon the discovery of tenderness restricted to the trunk of

the nerve, and involving a considerable part of its course. Examples of this are decidedly rare, and their recognition without risk of error is a matter of great difficulty.—*Medical Times and Gazette.*

Medical News.

Duty to a Medical Journal.—First, subscribe for it. Second, pay in advance. Third, read it carefully, and fourth, contribute your experience to its pages.

The best.—Said a student “I have eight materia medica’s and if I had to give them all up and keep only one, I would select Cowperthwaite’s. It is just grand.”

Ho! for Michigan.—The *Counselor* left Chicago for Michigan, and now the *Advance* has removed to Ann Arbor, Prof. Allen prescribing the requisite dose of Aurum. The *Observer*, not be outdone, has left Detroit and gone to Pontiac—for its health. Michigan must be a good state for journals.

A good collector is one who can call a dozen times for a bill without getting out of patience. The willing man pays promptly, the able man at the second or third call, the slow man at the fourth or fifth, the careless man at the fifth or sixth, the thoughtless man at the eighth or ninth, the rogue gets mad at the tenth or eleventh call, while the dead-beat echoes “call again.”—[We have all of the above on our subscription list.—ED.]

Bacteria, Contagious Diseases, and Formic acid may not stand in the relationship of cause, effect and antidote, as an article on another page seems to claim, but the discussion of their possible relations opens up a new line of investigation in this already absorbing field. Formic acid, whose formula being $C_2 H O_3$, HO , is one of the acids that has been quite overlooked, and may yet supplant Phenic acid as a bacteria destroyer. In our next we shall give some studies of this agent that may prove of general interest.

The Wisconsin Society.—A meeting of the Homœopathic Medical Society of the State of Wisconsin will be held at the Plankinton House, Milwaukee, beginning Wednesday, Nov. 22, 1882, at 1 o’clock P. M., and ending at 12 M. This meeting is called by the officers of the society in accordance with a resolution passed at the regular session in May for the purpose of considering the subject of zymotic disease. The Bureau of Clinical Medicine, Dr. E. W. Clark, of Neenah, chairman, will take charge of and present all papers on the subject selected. Every member of the society is requested to come loaded with facts and theories in regard to the great question of antiseptic medication. The question of the contagiousness of pulmonary consumption will receive a share of attention. All persons who are

interested in the progress of Medicine are cordially invited to be present.

LEWIS SHERMAN, Pres.

JOSEPH LEWIS, Sec.

Honors to Surgeons.—For the second time during the reign of William I., German emperor and king of Prussia, the highest honor to which a Prussian state official can aspire has been conferred upon a medical man. By the venerable monarch's special decree Dr. von Langenbeck, the eminent pathologist and surgeon, has been raised to the rank of actual privy councillor, with the title of excellency. The emperor's body doctor, Lauer, is the only other disciple of Galen in Prussia possessed of this supreme distinction, which, by the way, was bestowed upon him by his majesty on the sovereign's eightieth birthday, in fulfilment of a jesting promise made ten years previously. During the customary birthday reception of the court and household on the 22d of march, 1867, William I., who had that morning completed his threescore years and ten, singled out Dr. Lauer from the circle of state officials gathered around him, and shook hands with him, observing jocularly, "Well, Lauer, if you manage to get me as far as eighty, this day ten years I'll make you an excellant present!" Sure enough a decade later, on the emperor's natal day, Dr. Laurer received his diploma as a privy councillor and "excellency," accompanied by a draft on his majesty's private bankers for the Prussian equivalent of 7,000 guineas, his valedictory fee as "body surgeon to the emperor and king."

Memorial.—A. C. Rickey, M. D.—At a meeting of the Faculty of Pulte Medical College, the following preamble and resolutions were adopted.

"Since the last regular meeting of the Faculty of this college through the dispensations of Providence, our esteemed friend, and colleague A. C. Rickey, M. D., has been taken from us by an early death; and as we desire to place upon record our appreciation of his worth, therefore,

Resolved, That in the death of Professor Rickey, this college has sustained the loss of a wise counsellor, an able instructor, and a staunch friend, ever ready to assist in promoting her welfare and guarding her interests.

Resolved, That the members of the Faculty will cherish the memory of their departed friend and brother, with the regard inspired by a long and harmonious association; and that they will feel his death as a personal bereavement.

Resolved, That we tender to his afflicted family, our deep sorrow and heartfelt sympathy, re-joicing, however, in the consolation that while he has been taken from us, his brilliant intellect, his conscientious work, and his religious character assure us that this sad event is, to him, but an entrance into a happier life.

Resolved, That a copy of these resolutions be spread upon the records of this faculty, that a copy be sent to the daily press, and that a copy be sent to the family of our deceased friend.

G. C. McDERMOTT.
J. M. CRAWFORD.
C. D. CRANK.

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Sanitary Department.

*CASHER'S VALLEY AS A SITE FOR A
SANITARIUM.*

Casher's valley lies at the distance of about nine miles from the northern terminus of the line between South Carolina and Georgia. It is situated on the southern slope of the Blue Ridge at an average altitude of about 3,600 feet above tidewater.

Around it are spurs of that ridge with peaks of altitudes varying from 4,100 to 5,200 feet. It is in all probability the most picturesque valley between the Rocky mountains and the Atlantic ocean, compared with it the justly famed Nacooche valley of northeast Georgia is tame. As a summer residence it is certainly unequalled this side of the Pacific coast, and not surpassed along that coast, from British Columbia to Mexican California. Indeed it is doubtful whether more delightful summers are to be found either in North America or in Europe. An oppressively hot day is ex-

ceedingly rare, and an oppressively hot night is almost unknown. In accordance with a well known law of temperature places far enough north to have the same mean temperature have single days of greater heat. The lower the latitude, other conditions being the same, the more equable the temperature.

A week's comparison of the temperature of Casher's valley with that of Bethlehem, one of the White mountain summer resorts, disclosed several days at the latter in which at the regular hours of observation, the thermometer indicates 10° greater heat than at the former, while at the same hours the lowest indication at Casher's was only 3° below that of Bethlehem.

During the cool summer of the present year the thermometer has marked 80° but twice, and during the hot summer of 1881 the highest point recorded at a place six miles distant from Casher's (no record being kept here at that time) was 86°.

Its mean summer temperature is about that of the Grand Traverse country in northern Michigan; but Casher's has has no single days as hot as some at Grand Traverse, tempered though the summer climate of the latter is by the cool airs of Lake Michigan.

While the summer mean of Casher's is found in northern Michigan, its winter, according to the Smithsonian charts, appears as far south in Tennessee as a point a few miles northwest of Chattanooga. While like most terrestrial things, not without its defects, the climate of Casher's is eminently favorable to health and vigor. Probably nowhere else in the United States is one that is, on the whole, throughout the greater part of the year so conducive to the invigoration of feeble constitutions and to the recovery of lost health.

It is well known to those who have studied the subject that the country upon the northeast slope of the Blue Ridge has less pulmonary disease than that which lies to the northwest. Indeed, no one of the great civil divisions of the United States has so little. But one resident of the valley

has died from consumption since its settlement fifty years ago, and this one was born in South Carolina of a mother that died of some form of disease of the lungs.

It is probable that the altitude of Casher's is that which is most favorable to health of the lungs. Observations in Switzerland lead to the conclusion that in that country, the minimum of consumption is found at an altitude between 3,000 and 3,400 feet. With due allowance for difference of latitude and climate, the minimum in North Carolina should be some 400 or 500 feet higher, and it is likely that the most favorable point for a sanitarium would be found on the Blue Ridge which bounds this valley on the northwest.

Everywhere among the mountains are thermal belts along their sides where the late spring and early autumn frosts are unfelt. It would not be surprising if in such a belt on the Blue Ridge more favorable results could be obtained in pulmonary diseases than have hitherto been witnessed.

But while pulmonary diseases are the most destructive, and accordingly a region sanative for this class is eminently desirable, other diseases have their claims also.

With increased denseness of population and more intense competition in business and politics, the ratio of nervous disorders becomes greater, producing disturbance of the heart's action, feebleness of digestion, and various other kinds of derangements of the system. This high cool region promotes appetite and digestion, and proves invigorating to the nervous system. In this respect it is superior to the Rocky Mountain region and California. Throughout that great extent of territory the climate is peculiarly stimulating to the nervous system, and men go on their nerve, supposing they are working on their muscle, until they sink into insanity or fall with apoplexy. This tendency is characteristic of lands with almost cloudless skies.

The tendency in such countries to disordered liver is also much greater than in those where the fervor of the solar ray is often tempered by intervening clouds, and in accordance with this relation this mountain region is highly sanative to constitutions that suffer from malaria, and in hepatic dis-

orders in general. For feeble and for serofulous children no more desirable residence than Casher's valley exists in North America. If they can be made to improve and to acquire vigor of constitution anywhere they can here.

After having been a citizen of ten states, five northern and southern, besides having visited several others, and studied carefully the vital statistics and climatic relations of the whole country, I doubt whether there is for invalids in general another region that promises improved health to as great a number as does Casher's Valley.

I scarcely know any diseases, except such structural lesions of the heart as forbid great altitudes, but may, if amenable to sanative measures, be benefitted in this magnificent valley, provided proper medical and hygienic management combines with the constant operation of those influences which nature has beneficently provided.

H. P. GATCHELL.

DISCUSSION ON VACCINATION.

(Concluded from page 385.)

William C. Richardson, M. D.: *Mr. President:* I do not know, sir, that I care to prolong this discussion, but there are some things it seems to me that have not been said which might have been said in connection with the subject.

I have passed through two epidemics of small-pox in the city of St. Louis. I have attended a great many cases and have had a great many vaccinations. I only have two or three remarks to make on the subject of vaccine virus. First, I want to say that during last winter I found the majority of vaccinations made were characteristic. They were what we designated as a strawberry excrescence instead of the ordinary pustule. They appeared as largely developed red tubercle, and no pustule formed with serum in it. Now I do not know the cause of this, but I do know we have had a variety of vaccination results. These strawberry excrescences do not produce the characteristic pitting which we acknowl-

edge as a prophylactic of small-pox. I have not heard that mentioned before. I know in using Higgin's virus, which we use extensively in St. Louis, and in using the Martin virus we got that kind of strawberry excrescence or tubercle very frequently.

Wm. H. Jenney, M. D.: I would ask if you have used the northern virus, and had the same effects you speak of?

Dr. Richardson; I have had it from the Pettet virus.

Dr. Jenney: Have you had it from the Wisconsin virus?

Dr. Richardson: No, sir; I never used it. Now, I desire to say further, that when I vaccinated with the humanized virus I almost invariably got the characteristic pitting which we acknowledge as a characteristic of small-pox. I cannot say that of the virus received from the bovine propagators. I believe fully one-half of the bovine virus has not been characterized by the pock pitting we all desire so much. I should have liked to have said a few words on the subject of the value of vaccination as a prophylactic, but it seems to me that it is almost absurd for any one to get up and discuss that subject at the present day. I am sorry that any paper should have been read, or any idea should have been introduced into this Institute unfavorable to vaccination. It will bring odium on the Homœopathic profession at large. All kinds of things will get into the newspapers. It will be bruited abroad that the members of the American Institute of Homœopathy are opposed to vaccination. You might as well oppose the use of a splint in all cases of fractured limb because some splints have proved to be failures. You might as well do that, as to say vaccination is not prophylactic; there would be about as much reason in one as in the other. I should like to talk more, but you see my voice is not in a condition to-day, consequently I will desist.

I. T. Talbot, M. D.: *Mr. President:* I do not propose to discuss the efficacy of vaccination, since we all seem to be so well agreed upon it, but will say a few words in regard to my own personal experience with different kinds of virus. For the first fifteen years of my practice the humanized virus only was used. I spent many hours and traveled many miles

to secure it from what seemed to me perfectly healthy children, and never encountered during that time serious trouble with inflamed arms or long continued sores. For the last ten years I have used bovine virus, procuring it from some of the most approved propagators of that virus, sometimes with excellent results, and yet within the last six months, or within the last year, sometimes with serious results. I have seen patients with large sores upon their arms, which continued for two, three, four, six, and in one case as many as twelve weeks.

Now that vaccination has been a great boon to the human race is acknowledged by the profession and the community to such an extent that nearly the whole population are vaccinated. In many of our states the laws make vaccination compulsory. Pupils cannot be admitted to our public schools without being previously vaccinated. The emigrants landing on our shores are compelled to be vaccinated, if it has not been done already.

This seems to me Mr. President, to carry with it another duty, which rests upon the shoulders of the same law-giving power. It is, that if these persons must be vaccinated, they shall be vaccinated with virus as pure as it can be obtained. Now, we all know very well the great number of points which can be produced from a single heifer, and which has been testified to here this afternoon; we know about the cupidity of the human race, and that a dishonest propagator, when called upon in the time of an epidemic, wants to sell all the points he can. He does not return the money sent to him for vaccine virus, but manages to get it, or something which he so calls, whether good, bad, or indifferent, just at the very time when the epidemic is the worst, and when the community should be best protected.

Now, it seems to me to be the duty of the government to do something in the matter to supervise the production of this virus, and that it should not be sent out broadcast by persons without restriction, whose sole object is the dollar they receive for every box full of points they send out. Is it our duty, as a National Institute, to give voice to this feel-

ing, and to take some action as shall, in some measure, protect the community and the profession in this matter?

When the small-pox epidemic prevailed in Boston nine years ago, a petition was presented to the legislature, praying that the State of Massachusetts should take charge of the bovine institution and have the control of it. A few persons, personally interested in the production of bovine virus, opposed this petition so strongly that they got an adverse report from the committee. I think, however, that this Institute may properly take the initiative measures, which would be of service in this matter to the whole community. I would, therefore, offer the following resolution.

Resolved, That the American Institute of Homœopathy, fully realizing the importance of the use of pure vaccine virus for the prevention of small-pox, and the danger of allowing the unrestricted production and sale of bovine virus, would call upon our national or state governments to exercise some supervision of this subject, either by the establishment of an institution for the production of vaccine virus, or by the exercise of proper control of such institutions already established.

T. P. Wilson, M. D.: *Mr. President*: My misfortune is always to get on the unpopular side of a great many questions. I see the tide all running one way here, and it excites my natural tendency to take up the weakest side. I don't think we ought, as scientific men, to be caught on this rushing tide. The popular thing the world over is to bring the applause of the multitude. I cannot bow before the opinion as my learned friend does from St. Louis, who is afraid if we say ought against vaccination we shall bring down upon us the thunders of the great public. The great public don't know any thing about it. Their opinion upon it is not worth consideration for a moment. The doctors themselves don't know anything about it. The idea of putting up any standard of exactness upon this question is perfectly absurd. I tell you that there are a thousand reasons to be urged here against vaccination. You may not be in the mood to receive them, and I may not be in the condition to present them, but if you propose to put this thing upon the footing that

it now appears to be taking, I say you will do this whole question very great injury. I do not believe all that is asserted in regard to the prophylactic virtues of vaccination, and the more I look upon it the less I incline to believe it; and we should, with very great hesitation, enter upon any such proposition at this hour. Regarding the proposal of my friend from Boston, Dr. I. T. Talbot, the resolution that he presents here is absurd. I am a republican, politically, but I am as democratic as the most democratic Bourbon you ever heard of when any man springs the general government on this question, hoping the government will be paternal and manage this thing. Out upon the government that attempts to run the vaccination business for us. If we, as scientific men, are not capable taking charge of this matter, and controlling this question, we ought to be ready to go to the asylum at once. The general government will never undertake this job. If it does, there will be such an opposition against this proposition that vaccination itself will hide its diminished head. I hope such a resolution, as proposed here, will be considered so undemocratic, so foreign to the principles of a free government, so foreign to our just sentiments of personal liberty, that we will not for a moment think of passing it.

Wm. Owens, M. D.: I have paid some attention to this subject of vaccination. I have used the point virus and I have used the cone virus during the past three years, liberally. I have been almost entirely disappointed in the use of the point virus. I have also used the crust virus. I have been quite gratified in the use of the crust virus. I have used the cone as produced by the New England Vaccine Company with entire satisfaction.

Now, one point in regard to vaccination which has not been touched upon at all; that is all I care to present. A great deal has been said about ulcers and sloughs in the use of the bovine virus, and not occurring with the use of the human virus. We are unable to explain that; but one thing has been observed, that when bovine virus had been used too freely, especially if it is of a very irritating character, we

have extensive sloughs and sores, and ulcers—gangrenous, extending in some instances an inch and a half in depth. In the case of a woman I saw, it was one inch and a half in depth, and why? Because the patient had been scarified over a large extent of surface on the calf of the leg in the application of the virus. I never had such a case in my own practice. In one case, where vaccination on the arm had been performed over a space of three-quarters of an inch, there was a slough one inch in diameter, an inch in depth by measurement. Why was it! In my judgement it was because too large an amount of surface had been irritated, causing a deep infiltration and strangulation of the capillaries, resulting in a slough. Only the smallest quantity of virus is necessary to sufficiently charge the serum of the wound. I am not lecturing, gentlemen; you may think differently. It is simply an opinion of my own. The smallest part of the surface that can be possibly abraded, to secure the introduction of enough of the virus to charge the lymph is all that is requisite. In this way, I think, we avoid to a very large extent the gangrenous sloughs. I have not had one in the vaccination of over nine hundred persons in the last year. I have not had one case in which a sore has given me sloughs, or the slightest inconvenience.

Another point in regard to vaccination. The vaccination is very often placed upon the centre of the muscle where there is continual action, causing serious irritation; and very often infiltration into the cellular tissue, causing strangulation of the capillaries and sloughs. This should be avoided by avoiding the centre of a muscle. The part that is best adapted to vaccination is over the inter-muscular septum. The place to be selected should be on the line of the margin of the muscle where there is a minimum of motion, and thus we will avoid to a large extent this great liability to slough. I call your attention to this sloughing, as I have made it a point of observation for the last two years myself.

Now, in our city, Cincinnati, for the last year or two, a great furor has reigned in regard to vaccination upon the leg. That I regard as open to a very serious objection;

very objectionable point to be chosen for vaccination on account of the continual motion of the muscles of the leg. When those muscles are in motion a very large portion of the time we have an irritation and an infiltration resulting from this irritation almost invariably, and it gives great trouble. This is a point I would call your attention to again. I have not heard it mentioned by the speakers, and I have sought to call attention to it. My experience is worth something to myself; it may not be worth anything to you at all, but I think it has been of very great importance to me.

Dr. McManus: With what matter did you vaccinate?

Dr. Owens: I have used the bovine virus entirely. I have used the New England Company's virus ever since it came into the Cincinnati market. I have also used the cone. After having failed with some of the points to get a successful vaccination, not getting one in twenty points, I then employed the Martin virus, and afterward I bought a cone put up in hard rubber, and used it with the result that I have spoken of. When it is fresh it has taken as a primary vaccination in every case. I have not failed in one in the last winter, in primary vaccination. When it has got a little old, after two or three months, it has frequently failed.

Philo G. Valentine, M. D.: *Mr. President*: I am of the opinion that we have got to go back to first principles. I think that I am protected, having been exposed so often, and the reason is because I was vaccinated by humanized virus. I can't say when, but it was a most effectual vaccination. The typical mark is still visible upon my arm. I suppose I must have been vaccinated when I was a baby. Lately I have seen fearful effects from the use of the points. My statements can be verified by a gentleman who has been up here to-day, so that I think we will have to go back to the old way. Several years ago, 1870, I got a scab, a good-sized scab, from Evansville, Ind. I dissolved it in Glycerine in a Homœopathic vial containing two drams. With that I vaccinated four hundred children for the city of Henderson, Ky. Three hundred and ninety of those vaccinations took. I

went around on the third and fourth day to see. There were only ten out of the four hundred that did not take. Now, it seems to me that that was work well done.

Before the war we never knew of any trouble about the virus, and it was not until after the war that we began to hear of the poisonous effects following vaccination. That is the time the vaccine virus became vitiated. Then arose a great howl against the old way—the humanized virus. Then came the merchandizing in the bovine virus. Now, we have in Missouri a vaccine farm, and Dr. Higgins said that he had not made any money out of it until this year. As for myself I don't know how many times I have been disappointed with his points, and also the Martin points from Boston. In fact, when they did take I have had the occasional sloughing to the bone, and I have had to cure that with Glycerine and Calendula, locally. Now, I don't know what to do except to go back to first principles, to the old way of Jenner, and take the lymph from child to child. That is the way it was done formerly. I do not know how far down from Jenner I was vaccinated. It was a great many years. I have seen people vaccinated this year have skin diseases afterwards—urticaria or hives. A lady physician came to see me to get me to diagnose a case of skin disease. I examined the patient very carefully, and found that she had been vaccinated three or four times. I had four patients of that kind—urticaria following vaccination. There is something strange about this virus. It seems after the points have been mixed up the propagators themselves can't tell pure from impure. It seems to me that some men would not care to know anything about it; all they are after is the almighty dollar. Now, I would like to close up this subject of vaccination and speak about sanitation of the exanthemata.

I had, about three months ago, a case of scarlet fever in a family of five children. I gave them all, sick and well, Belladonna 3x. I think that it would be well if others would try the prophylactic powers of Belladonna. Hahnemann recommends it. The child was quite seriously sick. It was too sick to take food. It had a great deal of sore throat and

some delirium. The other children took Belladonna 3x twice a day. The other four children did not take the disease, and the sick one recovered.

G. H. Wilson, M. D.: *Mr. President:* Most of us believe in the efficacy of vaccination, and we believe also in compulsory vaccination. The State of Massachusetts is protected by compulsory vaccination; and the one thing that prevented the spread of small-pox repeatedly within the last few years has been the compulsory system of vaccination in that state. So in Connecticut. I know in the city of Hartford single cases of small-pox have been brought in by immigrants, twenty times within the last three or four years, without a second case. The pupils in the schools are required to present a certificate of vaccination. Operatives in factories are required to present the same certificate. As to the question of placing this matter in the hands of the general government, and asking its assistance for our protection from impure virus, I do not believe the judgment of the government on the quality of vaccine can be relied upon. I oppose the resolution on that ground. Still, I believe that the profession must decide this question of compulsory vaccination, because we are answerable to the public for the success or failure of the measure. In Massachusetts and Connecticut, and in New York, and in many other states, the law actually says everybody must be vaccinated for the protection of his neighbor. Now, we seem to have got a doubt on this subject of vaccination. The doubt I think is due to the quality of the virus. We do not believe that vaccination is a failure. We believe the original virus was pure, and that good bovine virus of the same kind can be found to day. And I also believe that if it is properly protected and guarded it can be relied upon just as well as ever.

E. M. Kellogg, M. D., New York: How will you get it?

Dr. Wilson: We will get it as it has been procured in the past. The outcry which has arisen has been from the quacks, pretenders and commercial sharpers. It is true that we must rely on the business character and integrity of the producer, and it is our business to endorse such honest men, as appear

before us, and depend on them to furnish reliable material, holding them responsible.

T. C. Duncan, M. D.: *Mr. President*: I think that if this question of vaccination had been presented a year ago we would not have had the large amount of doubt thrown upon it that we have had this afternoon. Stepping aside and forgetting the subject of vaccination for a moment, there has been a peculiar type of disease this winter. I know not how it has been in your experience, but this fact has been quite apparent in Chicago; we have had more typhoid fever during this winter than I ever knew in that city. We have had more eruptive diseases of all kinds in vaccinated and unvaccinated persons than usual. There must, therefore, be some epidemic influence that is prevailing at this time that enters into this problem, that we should take into consideration. Vaccination, pure or impure, is not so responsible as we would make it appear. Probably if we were to leave this element out of the problem we would find this to be the case. I have vaccinated a large number of persons within the last two years, for we have had a great deal more small-pox in Chicago than before. A year ago, as some of the speakers have stated, vaccination took well, promptly, effectively and readily. This year, the winter was very mild, and possibly the members will recollect that during the summer it is very difficult to get vaccination to take properly. We have had a warm winter; we have had an English winter. We have had enteric and vesicle troubles, such as are prevalent in England. We have seen greater trouble in getting our vaccination to take, and when it did take we have had greater trouble from the tendency to suppuration. Recognizing that early, and recognizing the nature of the epidemic, I put my cases upon Arsenicum, and controlled this abnormal tendency, with the result of producing and keeping intact the curative process, and developing a good vaccine vesicle.

One point more. We have had statements here, made upon this floor, by gentlemen who have been vaccinated once, and only once. I have made this observation, that in light complexioned persons, blonde temperament, that they would

take vaccination almost every time they were vaccinated; while those of a dark complexion, with a close fibre, would take but once in a series of years. I think the gentlemen who were upon the floor, and who have been vaccinated but once, come under the last class. I have seen some very severe effects from vaccination in these fair blonde individuals. I think if you take this fact also into consideration, in estimating the bad and good effects of vaccination, it will be of advantage.

WINTER HEALTH RESORTS COMPARED.

BY C. B. CURRIER, M. D., SAN FRANCISCO.

The season of the year is now upon us when my professional brethren in the eastern states are being daily consulted in regard to the selection of suitable climates for the vast army of invalids who flee before the approach of cold eastern winters, and the changeable months of early spring, which are even more to be dreaded in their disastrous influence upon delicate lungs and throats.

Florida has long been the Mecca of this class of pilgrims, and too much has already been written and read upon the topic, to tempt me to give a resume of its advantages or disadvantages.

Colorado has its strong advocates, who believe that nowhere else on the face of the earth may health so surely be regained as in the bracing air and high altitudes of the Rocky Mountains.

The Adirondack craze is not yet an old one, and the friends of many a poor victim can sadly testify to the folly that sent their beloved invalid away from home to die in the wilderness. And just here I would enter my protest against the practice of allowing patients who have no reasonable hope of recovery, to leave the comforts of home, in the vain hope of regaining health in a strange land, except those who are in the incipient stages of pulmonary disease, when a change of air seems the only valid hope, or those who are recovering from illness, and to whom there

is a prospect of tonic and new vigor in a change of scene and climate.

To many a semi-invalid who requires only rest and change of scene, the attractions of foreign travel have often good results. Still for the invalid who seeks only for the climate best adapted to his individual necessities, there are "fairer fields and pastures new," within our own borders, than are to be found at the other side of the Atlantic—with the often disadvantages of being among people speaking a strange tongue, and having manners foreign to our own.

All intelligent observers agree that diseases of the respiratory and pulmonary tracts are representatives of cold and moist climates; and that all laryngeal affections are aggravated by great variations of temperature and humidity. So that the climates most favorable to consumptives and those affected with throat diseases is the one that has the most equable temperature, and that has, also, the driest and purest atmosphere.

For these and other reasons, California is certainly one of the healthiest regions known, and being free from long, severe winters, is especially adapted to the needs of consumptives.

My own personal observation in a three years' residence in the state has convinced me that when its attractions as a health resort shall have become more generally known and appreciated, California will become the great sanitarium of the world.

Its climates, for they are many, are varied to suit individual requirements; nowhere else in the world, not even excepting Naples in Italy, and Alexandria in Egypt—both places noted for their clear, sunny skies—is the atmosphere so pure and clear, for so many consecutive days in the year, as in California, and no other climate has so equable a temperature.

Even in the city of San Francisco, where occasional fogs rolling in through the Golden Gate cause a sharpness to the air, that makes overcoats and heavy wraps a comfortable necessity in the warmest months, there is but a small appreciable difference in the mean temperature of the year.

Taken year in and year out, San Francisco is one of the most comfortable cities in the United States, both in summer and winter seasons. A city without severe frosts in winter, and without sultry heat in summer, has a very considerable claim to climatic consideration.

California has many health resorts deserving more than a passing notice, but of these more anon.

Pharmacy Department.

ABOUT ATTENUATIONS, SCIENCE AND EXPERIENCE.

MR. EDITOR: I have seen an article on the subject of my caption in your issue of August 15, 1882, which has attracted my attention in rather a special manner, not because of any originality of thought, but because it is a summary of what has been said on one side of the question. Perhaps since you publish the "INVESTIGATOR," a little further investigation may be acceptable. I wish to skip the hard words and speak to the merits of the matter.

It is contended that no "spirit like fineness of attenuation is attained by trituration," in "crude insoluble substances," whereby they "are made soluble in the third degree by addition of water or alcohol;" that "the microscope of late years has completely exposed the fallacy of this doctrine." Thus, the first trituration of Aurum shows particles about as fine as the second, third, or any other. Substantially the same fact appears in regard to Silicea, copper and other metals. The inference is that no effect is produced by repeated triturations, except that fewer and fewer particles, and therefore less and less medicine will exist in successive triturations or dilutions, until finally, about the tenth or eleventh, there will be none at all, or one or two particles by mere chance.

This, no doubt, must be so, unless another doctrine of high potency now is true, to-wit, that the quality or characteristic nature of a drug may be communicated to the medium in which the attenuation is made. This doctrine has been illustrated by a celebrated professor in one of our schools in this way: When we plunge a hot iron or other hot substance in water, its heat is communicated to the water, where none of the iron exists, or has touched it. This and other similar illustrations by the same writer were

supposed, at the time of their promulgation, to present a strong case. They have not been answered in the article we are considering, nor so far as I know, anywhere else, still they do not seem satisfactory, first, because heat, in the water impressed, continues to become less as the amount of water increases, until finally it is all hot, either by said increase or escape into adjacent air, earth or rock; second, because it is no special characteristic of iron which is communicated to the water; it is simply the heat which was temporarily connected with it. The same thing would be communicated from hot copper, or any other hot substance. There is doubtless nothing of the hot material there, further than some of its particles may be detached and left.

But all this refers only to insoluble matters, and we must perhaps admit that the evidence of science, as far as we yet know, is against their efficacy in what are called the high potencies. The argument from experience is another thing which we will briefly consider in its place.

All drugs, however, are not insoluble, and many substances are far more attenuated than any microscope can discover. We know, for instance, that water is composed of at least two substances, and yet the microscope cannot reveal either of them. It cannot show us oxygen or hydrogen. Who knows, then, but that water may hold substances in solution far more attenuated than the microscope can reach? It has been said indeed that soluble substance, disappears at a certain attenuation, about the ninth perhaps since, in those which are colored, no color can be seen beyond that. This begs the question, because if anything is so attenuated or diluted that its particles are beyond the reach of our focalization, its color must escape us with the rest.

And here comes the great argument that the "physical divisibility of matter is limited by the molecule, which is the least particle of matter to preserve its native properties, and that when the molecule is decomposed by chemical action the natural qualities of the substances are destroyed;"

as when "chemical action may break up the molecules" of water "two gases take the place of a single fluid with altogether different properties." The former part of this argument says that the molecule "is the least particle of matter to preserve its native properties," and here its latter part admits that when the molecule of water are broken up the smaller parts still have "native properties." The argument, therefore, does not start out well.

And is not the question again begged at this point, does attenuation of drug break up their molecules? If they are so infinitely small that no microscope can reveal them, may they not remain entire even in almost infinite extent in such a medium as water? far beyond our microscopic observation at least? And if, according to Roscoe, a molecule is a "group of atoms mechanically indivisible," who knows but that it may be divided by some other than mechanical means, and in such proportions that its natural properties may be retained? And since water is able to hold even gases in solution, may it not be able to attenuate or divide and hold molecules in solution? And if they are simply attenuated, spread out, or divided in correspondence with the proportions of their atomic composition, will not their special properties remain? Water seems to decompose nothing. It simply dissolves and attenuates.

We have proceeded so far upon the supposition that the molecular theory is not to be questioned, but is it certain that we have molecules composed of atoms which are not divisible? That there are parts within parts, organs within organs, particles within particles, is according to analogy. The whole system is built up in this way. But that there is a final particle which in its very value is indivisible is contrary to analogy. It is a mere theory whose truth has not been demonstrated. It has not "been verified by chemists and physicists working along different lines of investigation." It is a mere supposition drawn from the "properties of bodies." (Ganet's Physics. One of the present College Text Books.) The supposition, in a nut-shell, is founded upon this. "All chemical processes take place according to

simple unalterable laws. One of these laws tells us that the elements unite together to form compounds in proportions indicated by their combining weights, or in simple multiples of these weights. In order to explain this fact we *assume* that all matter is made up of small particles which are chemically indivisible—and which are termed *Atoms*," etc. It may here be seen that the sole fact which lies at the bottom of all this is that elements unite in certain proportions according to their relative weights. That these proportional parts are composed of indivisible atoms, of which molecules are composed, is pure assumption. Why may not certain weights of divisible matter, unite with certain weights of other divisible matter, as readily as corresponding unions could be formed of indivisible matters? I presume no man can tell, I do not say in all this that the molecular theory is proved false. I merely say it is not proved true. It may or may not be established hereafter. It is on trial. It is a new theory under the sun. A few years ago, when I first studied physics, it was not recognized.

The conclusion now seems inevitable that the high attenuation theory is not overthrown by the argument from science. Nor is it established. It must fall or stand in accordance with some other evidence. Science does not settle the matter, and perhaps never will.

How then must it be settled? Simply by experiment, by the effect of high and low attenuations on the system. This is the only means by which we know that physiological effects are produced by any potencies. High dilutionists are right in appealing to experience.

But what is experience! Or, rather, what should it be? Most cases reported as evidence in our journals are, in my view, perfectly worthless. Supposed cures are stated, with the kind of medicine given. Other influences are also incidentally stated, as if by accident, which might clearly have as much to do with the result as the medicine named. Sometimes a number of drugs have been employed and the writer, with no visible reason why, names a particular one

as the effective agent. Very, very often the case has been taken out of some other physician's hands, perhaps from one of the heroic school, and no account is made of the effect which might follow the suspension of a deleterious course. Most likely the nursing and diet have been changed. The presence of a new doctor may have benefitted the patient through mental impressions. The disease may have been self-limiting, and no notice taken the medicine given at an opportune moment. There may have been some influence operating which the doctor knows nothing of. If all these things were taken into the account with many more which may occur, we should have fewer cases of cure, and they would be reported with far less confidence.

It will not do, in view of such facts, for either side of this question to appeal to recorded experience of the past, and claim that the matter has been so thoroughly settled that no farther test should be required.

Furthermore, if there is physiological power in certain dilutions, people who understand the special characteristics of the drugs diluted, ought to be able by using them to select therefrom among substances which are acknowledged to have no such power. If the Milwaukee test was not fair, let some one be adopted which is so.

And now in view of all these things, how pitiable it seems for our medical brethren to stand on opposite sides of this great question, making faces, calling names, and throwing mud at each other across the line. That is not the way to investigate important questions. Truth does not readily fall into the minds of men while so engaged.

DELAWARE, Ohio.

LEWIS BARNES.

Malignant Diphtheria, more fatal than the yellow fever at Pensacola, is raging in Pittsylvania County, Virginia. Out of 380 cases reported by six physicians, 145 were fatal.

Therapeutical Department.

THE TEMPERAMENTS.

EDITOR OF THE INVESTIGATOR: In your issue of July 15, "*Medicus*" calls for information which shall aid him in the diagnosis of the *temperaments*. Having once had occasion to give similar information to my class at the University, I will repeat it here for the benefit of your correspondent.

The classification of the temperaments made by that greatest of all medical observers, Hippocrates, has remained almost unchanged to this day. He taught that the body is permeated by four cardinal humors, viz., *blood*, *phlegm*, *bile*, and *atrabile*. That variety of *humor* which predominates in a given body, determines its permanent form, or *temperament*. Accordingly we have the sanguine (bloody), the phlegmatic, the choleric (bilious), and the melancholic, (atrabilious) temperaments. In this form Hippocrates' doctrines were adopted by Plato and Aristotle, and, though clearly artificial, and originally founded on an erroneous physiology, they have become engrafted upon medicine, and are so useful in describing certain well marked constitutions that they are met with in current medical literature, and used by our best writers. It has been found necessary, however, to add a *fifth* variety to this ancient list, and hence to-day we often hear mention of a *nervous* temperament.

In describing the temperaments, however, I shall omit Hippocrates' melancholic, because it is of minor importance, and less clearly defined than the others, and substitute for it that one of modern origin, the nervous.

Sanguine Temperament.—Literally this is *bloody* temperament. Its subjects are characterized by an intense animation and buoyancy of spirits. The mind and body are alike quickly stimulated into action, and there is great endurance. Hair and eyes generally dark. The skin is generally clear,

the complexion florid and muddy, from the rich arterial capillary circulation. The pulse is full and quick, the circulation active, the muscles firm and elastic, the form full and round, neither very gross nor very spare. The subjects of this temperament are prone to congestions and inflammations. All diseases are liable to take on the inflammatory form. Their remedies will be found to be such as Aconite, Belladonna, Bryonia, Gelsemium and Veratrum viride.

Phlegmatic Temperament.—Those belonging to this class are sluggish in mind and body. The flesh full, but soft, lax and flaccid, and there is a disposition to accumulate fat. The bodily functions are slow. Hair and eyes are light. The complexion is light, skin pallid. The form is full, round and redundant. The pulse is slow, and easily compressed. They are subject to glandular enlargements, catarrhal affections—subacute and chronic inflammation of the mucous membranes—to abscesses and dropsies. Acute diseases have a tendency to take on chronic form. Their remedies will be found among Arsenicum, Iodine, Calcarea, Hepar sulphur, Mercurius, Sepia, Silica, and others of this class.

Bilious Temperament.—In the old nomenclature this was the *choleric* temperament. These subjects will be known by their dark hair, sharp features, and dark and deep set eyes. The complexion is swarthy, with a yellowish tinge. The muscles are hard-knit, the tendons wiry. The habit is spare, the form rather angular. They are characterized by their violence of reaction to irritation, particularly of the biliary apparatus, with disturbance of the digestive functions, dark colored urine, costiveness and hæmorrhoids. The bilious derangement engenders ill-humor, and acrimony of temper. Their remedies are Cham-milla, Bryonia, Sulphur, Nux vom., Podophyllum, Aloes, and the like.

Nervous Temperament.—In this variety there is excitability of body and mind. There are irritability, and extreme sensitiveness of temper. The pulse is variable, and easily excited. The habit is spare, the frame somewhat

angular. There is great rapidity of motion, and quick perception. Pulse distinct, wiry and quick. The individual is subject to nervous diseases, spasmodic affections, fugitive and inexplicable pains. The remedies belonging to these subjects are Belladonna, Ignatia, Coffea, Valeriana, Moschus Phosphorus, Colocynth, Zincum.

While there are individuals in whom the type is very strongly marked, and whom it is easy to distinguish according to these descriptions, it must be borne in mind that there are a great many who cannot be relegated to any particular class. In some we see characteristics belonging to two or more varieties, and hence they are described as possessing a *sanguineo-bilious*, or a *nervo-sanguine*, temperament. But it is possible to find in one's circle of acquaintances, those who present distinct types of the four temperaments.

I wonder if the nervous type is a product of our modern civilization, and if it was unknown in the time of Hippocrates. This would seem to be the case, since it escaped the keen observation of the father of Greek medicine.

Yours, etc., CH. GATCHELL.

PROSTATITIS WITH PYÆMIA.

BY J. A. HOFFMAN, M. D., MENDOTA, ILL.

Read before the Rock River Institute of Homœopathy at Dixon, September 5, 1882

On April 11th, I was called to Princeton to see Mr. R. I found the patient, seventy-five years of age, of a wiry, nervo-bilious temperament, who in health weighed about one hundred and ninety, now reduced to one hundred pounds. This man was taken sick last December, and from that time until April, had taken all sorts of drugs, under the direction of the most eminent physicians of the regular order, and now, all being abandoned except Chloral hydrate, with the vain hope of soothing his exit into the unknown world. I found the patient having rigors, succeeded by hectic fever, and no perspiration. Tongue dry and coated black. Pulse

weak irregular and tremulous. Eyes suffused and nearly sightless. Skin dry, shriveled and deadly in appearance. Mind partially unconscious, confused and wandering. Urine scant which has to be drawn with a catheter. On examination per rectum, found prostate gland very much enlarged, and in a state of acute inflammation. The urine presented the following analysis: Color, brownish red; smell musty urinous, quantity from ten to twelve ounces in twenty-four hours. Specific gravity 1030; reaction strongly acid; normal constituents, uric acid, urates, and phosphates in full quantities. Abnormal constituents, albumen none; sugar none; muco-purulent pus in large quantities. Of course this account of the urine, is not by any means full, but it will answer my present purpose. Now what is the real diagnosis of the case? The eminent physicians who preceded me called it Bright's disease, resulting in uræmic poisoning. It can hardly be called Bright's disease, for among other reasons, there is no albumen in the urine, nor can it be a case of uræmic poisoning, for the urates, urea and uric acid, are found in full quantities.

What then? The history, facts and symptoms of the case, point to prostatitis, with ulceration, and discharge into the urethra, the absorption of pus, and consequent pyæmia and all of the symptoms which I have described, are due more to pus poisoning, than to uræmia. Prognosis unfavorable. But at their urgent solicitation, I concluded to try, and now I remember that we are told to prescribe for the totality of the symptoms, but when reduced to bottom facts, what does this *totality* really mean? Hempel told us thirty years ago, that the remedy to cover a case must have the same initial starting point as the disease, and corresponding symptoms, which grow out of that special pathological condition. The initial starting point in this case is the inflammation, enlargement and abscess of the prostate gland, resulting in pyæmia, the symptoms clearly indicating Arsenicum, which I gave in the third decimal dilution every two hours for fifteen days. The tongue has now cleaned off. The skin has become moist and of a more natural feel. The

pulse has become quite regular and full, comatose condition much less, which has lasted for a month, and now as the chains are being loosened and the man coming to himself has an almost uncontrollable disposition to moan and cry. I now left off the Arsenicum for the time and gave him Pulsatilla 3d decimal, every two hours for three days, when the spell was broken and these symptoms subsided. I now left off the Pulsatilla, and gave Arsenicum again, for the remainder of the pyæmic symptoms, until the fifth day of May, when he had a natural passage from his bowels for the first time in three months. General appearance much better; prostate gland very sore and tender, great pain during urination, with an almost constant urging. No pain on using the catheter. Gave him Cantharis 6th decimal, every two hours for five days when these symptoms appeared much better, and now the legs and feet have become œdematous. Believing that this condition came from want of capillary circulation as a sequence of partial cardiac failure, gave Digitalis 3d decimal, every four hours until May 17th, when the œdematous condition has nearly disappeared. Is up and dressed most of the time, eats well, sleeps well, and is gaining in strength every day. All that now remains is the enlargement and inflammation of the prostate gland, and the consequent difficulty in passing urine which has now increased to its full quantity, and has its natural color and smell. I gave for this condition Conium mac. every four hours. June 1. Rode out yesterday and seems much better in body, but a peculiar condition of the mind has come on in a few days. Though worth half a million, is perfectly wild about reducing expenses and saving money, and fears that he will come to want. Talks and dreams about business, is nervous, fretful and self-willed. I regarded this mental manifestation as a monomania, but did not know what to do, and as I am not in the guessing business just now, did nothing but continue the Conium, and went to my materia medica, and found that Bryonia has "fear for the future in his business affairs; he dreams of business; great depression and morose mood." Hempel,

Hering, Burt and Lilienthal have what amounts to the same thing. Gave Bryonia for these mental symptoms and continued Conium as before, both being indicated by a different set of symptoms altogether. June 8. Bryonia acted like a charm, but thinking that in his case, these mental conditions might be more or less chronic, I continued the Bryonia in alternation with *Phytolacca dec.*, which for indurated glands covers nearly the same ground as Conium. June 20. Can now urinate with but little difficulty, rides out every good day, attends to some business, and is to all intents and purposes all right, except the enlargement of the prostate. Gave Conium every six hours.

Soon after this, on account of over doing and exposure, he took a quite serious relapse, but gradually recovered, so that to-day, October 31, he called at my office in Mendota, quite well in every respect, and may with care live on for many a year. It will be noticed that I have used but very few remedies in this case. Taking Hempel's exposition of the "totality" of the symptoms; that is to select a remedy which covers a case from its roots to its branches; we need but very few in any disease. And last but not least, was a check for five hundred dollars, with many thanks, and I can truly say, that the gratification of saving this man was much greater than all else, for with the true physician human life is more precious than money.

TWO NEW CARDIAC REMEDIES.

BY E. M. HALE, M D., CHICAGO.

Two remedies have lately been added to the few which have a specific action on the heart; *Convallaria* and *Adonis*.

Convallaria majalis, is the lovely "lily of the valley." It is only lately that its affinity for the heart was suspected. We owe nearly all our knowledge of its pathogenetic and clinical uses, to Russian physicians. I am at present engaged in collecting the already extensive literature of its pathological action and curative uses, but at present I can

only give a brief outline of its powers. All the experiments that have been made point to its close similarity to Digitalis. It is claimed by those who are enthusiastic in its praises, that it has not the "cumulative" effect of Digitalis, but the experiments do not prove this. Its ultimate primary effect on the heart of warm and cold blooded animals is to cause "tetanic contraction of the ventricles." This is just what occurs when we get the so-called "cumulative" effects of Digitalis. Its effects on the heart may be briefly summed up as follows:

(1.) Retardation (slowing) of the cardiac contractions with increase of blood pressure.

(2.) After the period of retardation there follows a strongly pronounced acceleration of the contractions with still greater increase of blood pressure.

(3.) Arrest of the heart beat with diminution of blood pressure.

(4.) Tetanic contraction of the ventricles, with throbbing auricles. Death.

(5.) Like Digitalis *small* doses primarily accelerated the pulse.

No mention is made of its causing intermittent or irregular heart beat, but it *cures* both.

No provings have yet been made by our school. This should be done as soon as possible, that we may get the special characteristic symptoms which differentiate it from Digitalis.

Clinical results.—It has been chiefly used in deficiency or cessation of compensation in cases of valvular disease, with the following effects:

(1.) The pulse grows fuller, more regular, and in some cases slower; the latter effect is most noticable in those cases in which a prominent symptom is interruption of compensation, or a cessation of the regulating influence of the nervous system on the heart.

(2.) The distension of the cavities of the heart is lessened, as well as the congestion of the organs supplied by the lesser and larger cycles of the circulation. This effect is

equally manifest whether there be valvular deficiency, or a narrowing of the cardiac openings.

(3.) Under its influence the secretion of urine is increased. At the same time the dropsical exudations are promptly absorbed, and the weight of the patient lessened. The diuresis produced continues long after the cessation of its administration.

The *dose* used has been from seven to twenty drops of the fluid extract or tincture of the root, stem, leaves and flowers, (the whole plant freshly gathered.) I have used this remedy in two cases of valvular stenosis, and with results similar to those stated.

Of the *Adonis vernalis* we do not possess as extensive pathological or clinical knowledge, but it is stated by Russian physicians that it is similar in its action to *Convallaria* and *Digitalis*, but possesses greater power, relatively. Its active principle Adonidin, is a more violent cardiac poison than Digitaline or Convallarinæ. I have not yet used it, because it cannot yet be procured in this country.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

CEDAR RAPIDS, Iowa, Nov. 9th.—We are doing fairly here in the way of business. Considerable capillary bronchitis for which Hyos. 1000 and Sang. nit. 30th cent. has been almost specific.

G. E. COGSWELL.

INDIANOLA Iowa, Nov. 4th, 1882.—Phos. seems to be the main remedy in all my typhoid cases this fall, but Ham. helped me out in one of the severest cases of hæmorrhage I ever had, where Alum seemed indicated. WM. FULLER.

NEWTON Kansas, Nov. 8th.—For August, healthy, a few cases of mild rheumatism, and a few of typho-malarial fever mild, but rather persistent. Remedies; Bapt., Bry., Rhus. tox. or Ars.

For September, typho-malarial fever, tending to congestion, three cases wound up in congestive chills. Remedies, Bapt., Bry., or Rhus tox., Ars. with Salicylate of soda, as antiseptic. For congestive tendency, Cinchona tincture and Caps. tincture. For congestive chills, Chin. sul. grs. two, Caps. in pulv. grains one-eighth, every hour for six hours before time for chills, recovery prompt in every case.

For October, typho-malarial fevers, typhoid predominating. Remedies, Bapt. tincture, Rhus. tox., Ars. In some cases slight tendency to intermittents, Arseniate of quinine 2x cures promptly. For infants, and small children, I use the 3x.

For last two weeks, infantile pneumonia, some of croupous character. Remedies, Bry. 3x, and Ver. vir. tincture, for cerebral tendencies, Bell. 3x; for croupous tendency Bromine, 6x.

In cases of true membranous croup, Bromine 6x ten to fifteen drops in half glass of water a teaspoonful every ten to fifteen, or thirty minutes, has never failed me even in the most desperate cases; it dissolves the membrane, and with the aid of Ant. tart. 6x, it is expectorated in a white, or starch-like mucous form. Have never lost a case yet, and have treated some that were considered hopeless.

I welcome THE INVESTIGATOR as a regular, and indispensable member of my (*official*) family. I have been much interested in the paper by T. C. Duncan, in June 15 number, "Vennor's weather and disease;" and also, the paper by G. E. Cogswell, of Cedar Rapids, Iowa, July 15, number. "The Electricity of the Planets, and its relation to disease." I noticed the days through September and October, on which meteoric changes were likely to take place. September 11th to 20th, were intensely hot, with hot burning wind from south, southwest, and my typhoid patients were seriously worse. So also on 26th and 27th, and the days indicated in October the same, but not to so great a degree. In this locality a warm south, south west wind will invariably increase typhoid tendency, deepening the systemic poison, and requiring a proportionate increase of Bapt. tincture to control it; but

the proper increase of dose always does control and reduce it.

Where can I get, "Mansel's book on Planetary Meteorology," and what is the price? (Of Duncan Bros. for \$1.00.)

The article in October 1st number, "Some practical facts" by C. D. Woodruff, of Allegan, Mich., is just to my mind, and is a just rebuke to the ridiculous assertions of Dr. Clemmer, in his tirade upon his high potencies. I have, had in practice and have experienced in my own person just as prompt cures, from the 30x and 200x potencies, as from the 3x, 1x, or tincture. The potency, or attenuation, *must be adapted to the individual case, and in proportion to the cause, course, and nature of the disease and its tendency.* If the organism is already excited, and stimulated nearly to exhaustion, a high potency will cure best; but if the system is being oppressed by a paralyzing or prostrating influence, or poison, rendering reaction sluggish, a low potency will neutralize the influence, or poison, and stimulate the system to action.

In the October 15th number, is an able, and very interesting article, by Dr. Clemmer, subject, "Modern therapeutics," embodying much truth, and will pay well for reading. The "regular school," are thriving and searching for some rule, or law to guide them, and in search of truth are constantly bumping their mental "shins" on the eternal law of "similars," and still they go on groping, willfully blindfolded to the blazing light of the Homœopathic law of therapeutics.

S. A. NEWHALL.

EPIDEMIC DISEASES.

THE MARCH OF CHOLERA.

The cholera has spread to Japan. In Yokohama and vicinity there occurred during the first twelve days of September, 233 new cases of cholera and 223 deaths, making a total since the epidemic began (in last April) of 3,509 cases and 2,223 deaths. All the new cases are among the native

population. (Medical News Oct. 14.) Recently cases have occurred in Mecca, and there is great fear that it will extend into Turkey if not into Europe, via the Suez Canal. Extra vigilancé is being exercised. There is every prospect of a wide-spread epidemic of cholera next year.

YELLOW FEVER.

Yellow fever still prevails in Florida and Mexico. Some new cases are reported daily at Pensacola Fla. This place is at the extreme west of Florida. From Camargo, Mexico, the report comes that the fever is spreading among all classes. Twenty-five deaths occurred in ten days before November 4th.

THE PREVALENCE OF SMALL-POX.

Small-pox is making ravages at Cape town. There has been 2,000 cases thus far, mostly natives, of which 600 proved fatal. The disease has reached the military. Cape Town has been declared infected, and vessels sailing thence for other ports in the colony will be quarantined. The greatest excitement prevails in the diamond fields.—(Medical Record, Oct. 14.)

Cases are reported in several cities in America.

TYPHOID FEVER.

Typhoid fever is reported to be raging in Paris. There are many cases in Chicago, due doubtless to the mild weather so unusual at this time of year. Bryonia or Baptisia are the chief remedies.

CASES FROM PRACTICE.

Probably some would like a few notes from this field of practice, so I subjoin a few cases from my case book. I always pay more attention to my clinique book than I do my ledger, except the cash entries I seldom if ever, *hardly ever*, fail to balance. Having seen twelve years and upwards of practical experience, I am still a student of Homœo-

pathic therapeutics, having at one elbow THE INVESTIGATOR with copies of Medical Advance, Chicago Clinique, Medical Counsellor, and at the other elbow Raue, Hempel Materia Medica, and for diversions, the Medical Brief of St. Louis. I therefore get some peculiar ideas from different points of the medical field. I scarcely *name* a morbid deviation of physiological *economy*, but aim as close as I may with the similimum I seldom fail of making an impression, the great disideration being the grade of power in dose.

CASE I. Male child aged five or six, eruption of scalp pathologists call tinea capitis, exudes a serious sticky matter forming scabs, itches in evening, scabs reform pushing top layers up, isolated spots here and there, prescription, Graphites 3x *ter die*. Returned after six days, whole vertex entire scab, with matter running down sides of head, great fœtor, hair all coming out, parents alarmed, prescription, Graph. 200, ablutions of castile suds two parts, dress twice per day. Returned in ten days, no more scabs, but raw appearance, with *red* margins. Some spots with *red* borders, "he don't sleep good, is very restless, after dressing head complains of it burning so, but *seems to not notice it while he is playing*." Prescription, Rhus tox. 30 morning and night; ten days patient called personally, says, "Mr. doctor, ma says you got your work in that *last* medicine for my head got all O. K." I examined scalp, found indeed the parts healed over with fine hairs growing again on a space almost of entire surface of vertex of cranium. Last prescription, Sulph. mx, *one* dose placebos rest, ten days cured.

CASE II. Gentleman seven miles away came for self, wife and three children, I give his language. "Doctor we have chilly spells, and we all bark, bark, bark all night; the chilly spells is not ague (?) for I know ague and this is net ague (!) we all feel sore in left side, no appetite, little thirst. I ache so in my bones (!) but we all *have a curious colic* about ten or eleven at night and always with the chilly spell, and the colic seems to *settle right in the navel*. Do any of you sweat? No sir, except when we wake up and about to rise, and we get dizzy when we stoop, and raise

our head up, and our feet gets so cold, especially when in bed; and we all seem so dull and stupid, want to sleep but can not, don't know why but our heads itch when we lie down. Prescription Gels. 3x dilution, ten gtts in spoonful of water in morning. Rumex crisp. 30x two grs. in evening for six days. In ten days gentleman returned. The folks are all right doctor, but I feel so *trembly* and *weak*, feels as if warm air passes over as through my knees, and I must sit down.' Tongue looks *red* and *trembles when protruded*. Prescription Lach. 6x twice per day, three days cured.

CASE III. Male aged fifty, stout small elongated tumor on dorsal surface of tongue near posterior aspect, it is size of goose quill one-half inch long, looks as if filled with sanious fluid. Four days later called in much alarmed, profuse hæmorrhage from ruptured tumor, blood running *freely*. Styptic of Ferri. per Sulph. arrested hæmorrhage, removed clot of viscid sputum like a mass of jelly, not much blood in clot, was of grayish blood tinged color, very thick tenacious, gave Merc. binis 3x *ter die*. Am watching case, tumor about all gone, but much tough mucus in mouth, desires to be in a hurry, or be going, directs me to Merc. binis. still.

CASE IV. Male, came to me from a medical scion of the Chicago college. Said *medical man* contends for *both* systems and to be practiced *both* ways. Patient says, "doctor — tells me my liver is out of order, and acts like into a fanning mill, blowing to much chaff in with the grain and it (liver) regulates the quantity (!) and quality (!) of urine." Symptoms, frequent desire to pass urine six to seven times per night, *red* sediment, greasy pellicle on surface, alkaline, great *aching* pains in bladder if urine be retained any length of time. Prescription, Lycop. 30x in evening, Coccus cact. 3x morning. Cured in eighteen days, but the liver had nothing to do with it, nor according to Draper, Dalton, Carpenter, Rykitanskey, or any other writer on physiology or pathological anatomy could I remember any they said of *liver* acting like unto a fanning mill, regulating the quantity or quality of urinal excretions. How we apples swim.

More anon.

O. J. LYON.

INTERMITTENT FEVER NOTES.

COLLECTED BY J. C. MORGAN, M. D., PHILADELPHIA.

DEAR DR. DUNCAN: I send you notes, as above, which have been accumulating in my hands, for some time, in letters, and otherwise.

J. C. M.

SHREVEPORT, LA., Dec. 22, 1881.

DEAR DOCTOR: Yours of the 18th inst. received and carefully noted. Malarial fever is our great enemy here, and while I have in thirty-two and one-half months residence, not lost a case, have only been superseded, I think in two cases. Arsenicum cc. is my main remedy. (I sometimes use as low as the third, not often) Especially useful in scrawny subjects, debilitated, those who have taken Quinine, and other nostrums *ad nauseum*. *Gels.* I use when nervous symptoms predominate. Also in recent cases without gastric symptoms. *Eup. perf.* cures when you have chill every other day at different times or rather light, say at 4 to 6 P. M. and *next day* hard chill from 8 to 11 A. M., and *NEXT DAY* none, etc. Allen's little work is my sheet anchor and outside of him I have to study general symptoms. I will, during the year try what I can do towards getting a few cases, and you can bet on their being models. I get sick of reading my journals sometimes (I take nine Homœopathic ones.) Allow me to say that whenever our indications for intermittent or malarial fever, are clearly defined and understood, our school will sweep the entire south. I attribute a great part of my success here to my treatment of this disease.

Yours truly, G. E. BLACKBURN.

The following, furnished by Dr. W. C. Leech, of Marion, Ohio, on Intermittent Fever, is timely. He has had a large experience, and attributes the imperfect success of many Homœopaths in the treatment of intermittent fever, and his own formerly, to what he calls the Allo-Homœopathic method of timing the doses of the similar and attenuated remedy; that is, to the fashion of giving it during the apyrexia, simply.

His present method gives him complete satisfaction, viz., doses are repeated every fifteen to twenty minutes, during the paroxysms, and every two to three hours between these.

He relies on "a few leading symptoms," as presented in

our books, and gives his remedies, commonly, in the low attenuations, 1x to 3x.

He writes: "I can only say that Johnson's Key and the *Materia Medica* are my guides for the older remedies. One remedy which I have selected upon two indications in a number of cases, and which has never failed when given as directed, is *Cimex lec.*; chill commences with *clenching* of the *hands*; during the chill *pain* in the *joints*.

TERTIAN.—*Quinine* 1x.—First seasons when *ague* is prevalent. Damp and foggy seasons, wet, etc. Patient weak and debilitated before the chill. Thirst after fever during the sweat. Pain in liver and spleen.

China 1x.—Noises in the ears such as ringing-bell feeling of the head. Can make no very fine distinction between *Quin.* and *Chin.* I don't think it matters.

Cedron 1x.—Chills severe; fever slight; cramps, numb, dead feeling of the limbs. The entire body feels numb; headache.

Ipecac 1x.—Yawning, gaping, stretching, nausea, vomiting. A general gastric trouble.

Nux vom. 3x.—Blue fingers; blue all over; mad; chills at night and morning long lasting. Great heat yet wants to be covered.

Canchalagua 3x.—The patient is sore as if bruised all over. The head feels as bound.

Capsicum.—Chills commencing in the back; thirst in chill.

QUOTIDIAN.—*Arsenic* 3x.—Chill and fever, mix or alternate. Extreme restlessness, anxious, fear, wants to drink. A teaspoonful every five minutes.

Boletus.—Chills up and down the back at first, then they go all over. Short chill, long fever. Diarrhoea. This is a medicine that has helped me out in old cases, run down constitutions, with night sweats, etc.

What I want to impress most is the giving of the remedy during the chill and fever. I often give a dose once in fifteen minutes, and I know it does the work. W. C. LEECH.

Quotidian Intermittent Fever.—A. R. Barnett, M. D.—*Magnesia sulph.* 30. (*Epsom salts.*)—Gastric irritation; vomiting if she drinks much of any fluid, especially cold water; great prostration, nervous and muscular. Frontal headache, daily on rising, often > after breakfast. Chill,

preceded by great spasmodic yawning. No shaking; coldness. Begins in tips of fingers and toes, gradually going to spine. Heat of stove (or other) no effect. Constant tired feeling in limbs, and aching in the whole spine. Chill from 9 to 11 A. M. or later; very gradual. Heat rose gradually over same route as chill; by 9 P. M., feels as if burning up, especially palms and soles.

Pulse, in chill, 80; in heat 75.

Average of temperature, in chill, 98° (height); in heat, 99° (height), (but in palms 100°), with chill, sense of clutching about the heart, grasped by spells, with short breath — no lesions.

Bowels and menses regular. Has anteversion; with nervous and eye troubles, habitually.

Natrum mur., failed; *China*, *Phos.*, *Ars.*; also gave *Magnes. sulph.* 30, every three hours. Cured in three days. (See Lilienthal. Chill, 9 to 10 A. M.)

Tertian Intermittent Fever. — J. C. Morgan, M. D. 5-10-82. Mrs. H., aged about sixty-two, dark complexion; had a ague year ago. Allopathically treated. Has had three tertian paroxysms, anticipating, to-day

Chill, severe, at 8 A. M., with much thirst and headache. Chill running *down* the back.

Vomiting of phlegmy fluid after chill.

Heat, intense, with thirst and headache, aggravated by turning eyes or head.

Intense aching pains in the bones, and soreness on motion; aching worse by rest, must move the limbs often.

Free perspiration.

Liver tender, and slightly enlarged.

Pain, aching, under left scapula.

Bowels loose.

Gave *Bry.* 200, every three hours. Next day felt badly. I was now sure that *Bry.* was not the remedy. Gave *Chininum sulphuricum* 200, in water, every three hours. Next day, slight chill and fever, beginning at 6 A. M. Better every way. No recurrence at next period. Gave, as usual,

three powders to prevent relapse, for the fifth, thirteenth, and twenty-first nights.

CHARACTERISTICS.—INTERMITTENT FEVER.—CHILLS IN THE BACK.

Capsicum.—Chill beginning between scapulæ; spreading all over.

Bryonia.—Same as Caps.

Gelsemium.—Running upward, from sacrum to occiput.

Chinin. sulph.—Downward.

Arsenicum.—Upward and downward.

Lachesis.—Feet cold; chill running "up to shoulders, all round."

Lachesis.—"Chill beginning in back and shoulders."

Chinin. sulph.—"Chill beginning in the whole tract of the trapezius muscle."

J. C. M.

Consultation Department.

HOMŒOPATHY IN CHICAGO.

I see that the *Clinique* announces with a spirit of gusto that the whole medical staff of Cook County Hospital has been removed. Did Homœopathy go out? J. L. S.

Homœopathy was not ruled out at the last eruption of the medical staff and will not be very soon. Most valuable medical and surgical clinics are held weekly by Profs. Mitchell and Adams presenting grand opportunities to study diseases of the chest and operative surgery.

"CASE FOR COUNSEL."—SULPHUR POISONING.

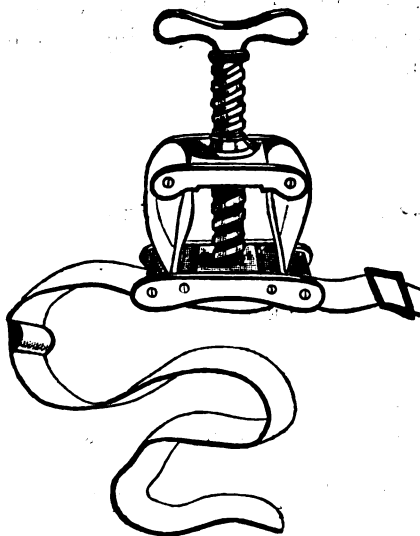
Lady aged twenty-five years. During an epidemic of diphtheria, several years ago, was advised to use Sulphur as a prophylactic against the disease, which she did in large doses (tablespoonful) and was completely paralyzed after a few days use. Under medical treatment she recovered from the paralysis, but has never since been able to take a bath of any kind, without being stiffened in all her joints, unless she follows the water bath with alcohol or spirits of some kind, with plentiful rubbing. Is there an antidote or cure for this condition? J. A. LEE.

Surgical Department.

METHODS OF ARRESTING HÆMORRHAGE.

From Gilchrist's "Surgical Emergencies," now in press and soon to be published by Duncan Brothers.

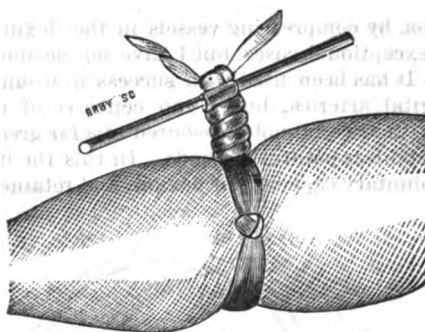
The methods employed to control hæmorrhage may be arranged under two heads, *temporary* and *permanent*. The former are employed in surgical operations to prevent bleeding during the operation, but in exceptional cases may be continued afterwards in place of more efficient methods. The most prominent of these is the tourniquet, of various patterns; the elastic bandage of Esmarch; digital compression on the main trunk; or forced flexion. The tourniquet of Petit,



THE TOURNIQUET OF PETIT.

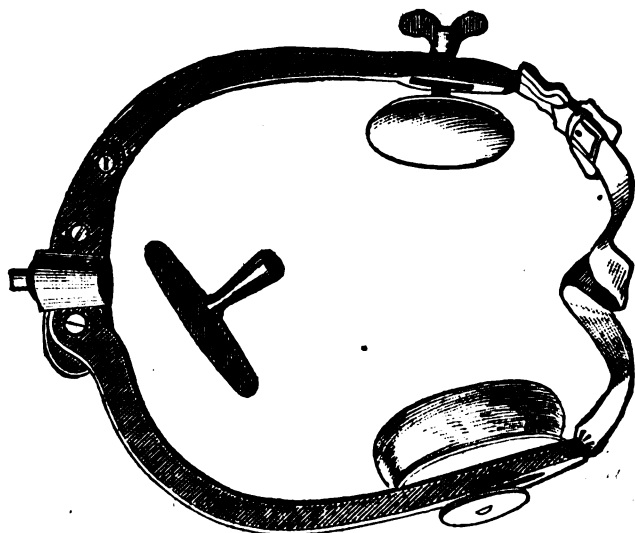
a strap encircling the part which is tightened with a screw—is familiar to all practitioners. The principle of construction is that of exercising compression, and when not available, in cases of great emergency, it may be imitated effectually, in what the sailors call a "Spanish windlass." Tie a simple overhanded knot in the centre of a folded handkerchief; place the knot over the main artery of the limb, and tie the handkerchief firmly around it. Introducing a stick, or any similar article, as a ramrod, sword blade, etc.—between the ligature and the integument, as much pressure can be exercised by

twisting the stick as is needed. When twisted tight enough, the end of the stick can be secured with a piece of twine to the bandage, and allowed to remain as long as desirable.



THE SPANISH WINDLASS.

A number of compressors are in use, to a limited extent, in which a metal band, well padded, is passed around the limb, and pressure made directly on the main vessel by means of a padded thumb-screw.



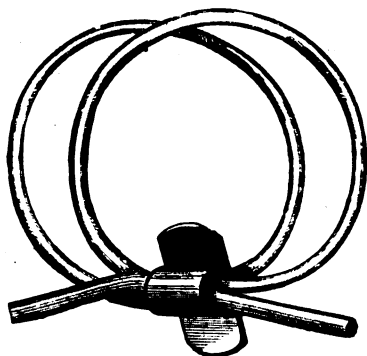
TOURNIQUET OR COMPRESSOR.

The same effect can be attained by placing a roller bandage under the strap of the ordinary tourniquet, immediately beneath the screw.

Digital compression is often necessary, in controlling bleeding from the large vessels given off from the aorta, when a tourniquet cannot be applied. The handle of a large door-key, well padded, may be

substituted for the fingers; or a properly constructed compressor may be made.

Forced flexion. by compressing vessels in the flexure of joints, may be useful in exceptional cases, but I have not seen occasion once for the practice. It has been used with success in wounds of the radial, ulnar, or digital arteries, but I can conceive of no benefit to be derived from it that could not be secured in a far greater degree from more radical and less painful methods. In this the limb is flexed far beyond the voluntary capacity for flexion, and retained in position by bandages.

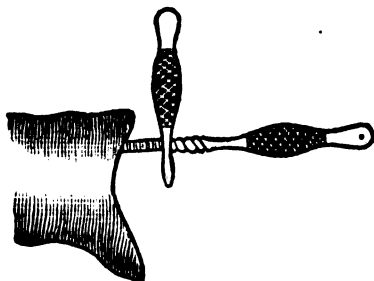


ESMARCH'S BANDAGE CLAMP.

Esmarch's bandage, for operations, is the most satisfactory of all the methods of controlling hæmorrhage with which I am acquainted. The apparatus sold by the instrument makers is more costly, I think, than need be, and I have long used a partly improvised one, that fully answers every indication. The bandage is an ordinary elastic webbing two inches wide, and five yards long. This is applied by commencing at the extremity of the limb to be operated upon, and applying it by tightly drawn turns, as high as is needed, or a few inches above the point selected for the operation. No reverse turns are to be used, but the edges must be carefully covered as the turns are made. When carried high enough, the limb must be encircled by two or more turns, *not* overriding, of ordinary half inch rubber tubing, which is tied tightly by means of strings or tape attached to the ends. This tube must have the first turn applied so that the edge of the bandage will be lightly held by it. The bandage is then removed, and the part will be found bloodless. When the bandage is carried above the knee or elbow, the flexure of the joint should be filled with lint or cotton, or the vessels in that part will not be compressed, and the venous hæmorrhage, particularly, will be very annoying. Should the bandage not be long enough to go as high up the limb as desired, put on the rubber tubing, remove the bandage, and commence again a turn or two below the tube, which is then removed.

As a purely temporary check of bleeding, or to facilitate surgical operations, any of these measures are legitimate; but to continue them for any length of time for ordinary hæmorrhage from injury, would be decidedly unsurgical, and bad practice. In the first place, the pain will soon be unendurable; and secondly there is danger of destroying the vitality of the part. With the means we now possess to control bleeding in softened and diseased arteries, it can never be necessary to resort to such temporizing measures as those mentioned above. There may be a single exception to this rule, in the case of concealed or internal hæmorrhage, where the bleeding vessel cannot be reached, or any more radical attempt on the main trunk would be fraught with too much peril to be entertained. Even here the pressure could only be continued for a short time, to enable a clot to be formed.

Permanent measures.—In all cases in which the coats of the artery are in a healthy condition, to bear the ligature without cutting directly through or becoming prematurely detached, ligation is the best, the most secure, the easiest of application, and permits less danger of subsequent bleeding. The material used is either twisted saddler's silk, *unwaxed*—or carbolized cat-gut. The former is in more common use, and is much too be preferred in my opinion. Many

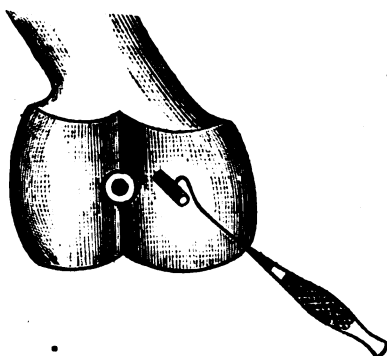


ARRESTING HÆMORRHAGE BY TORSION.

excellent surgeons use the carbolized cat-gut, but it is asserted by many observers that as the knot becomes loosened in a few hours after the application, the constriction of the vessel is incomplete. Its advantages are, that the wound may be at once closed, the ends of the ligature being cut off close to the knot. The many instances in which it has been employed must strongly commend it to the profession, but unless in the case of abdominal wounds, where a ligature leading from the peritoneal cavity might be undesirable, I am strongly in favor of the time honored silk, which may be treated with carbolic acid if desired. The cat-gut is prepared by working it in the hands, with carbolized oil (in the proportion of one to three), until soft. It is then kept in tin boxes until needed.

Whichever agent is used, an artery may be tied at its cut extremity, or in its continuity above the wound. In the first instance the instru-

ments needed are artery forceps, or tenaculum, and scissors. The vessel is seized with either instrument preferred, separated from its



DRAWING OUT THE ARTERY FOR LIGATION.

relations with near parts, as nerves, fascia, etc., drawn out from a quarter to half an inch, and encircled by a single turn of the ligature, tying with a square or reef knot. The first portion of the knot must be drawn sufficiently tight to separate the inner tunics of the vessels, which are felt to give way under the finger. The two forefingers are applied back to back close down to the knot, the remainder of the ligature being held in the other fingers, and the knot tied by separating the fingers. The second part of the knot is tied in the same manner, drawn tight, and one end of the ligature cut off near the knot, the other being brought out at the most dependent angle of the wound. When more than one vessel is tied, the main trunk should be indicated by a knot in the ligature. When several vessels spurt, the main trunk should at least be tied, the others *may* receive other treatment. In small vessels, the ligature will separate in from three to six days; larger vessels will require all the way from ten to thirty. After the proper time has elapsed, the ligature may be tested at each dressing, by twisting them between the thumb and finger, and making *slight* traction; when found loose they may be withdrawn. Should the vessels tied be the seat of any morbid action, it is better to let the ligatures be discharged spontaneously, than to risk secondary hæmorrhage by making traction. On dressing the wound, bring all the ligatures out in the same angle, unless some of them will be drawn through the whole length of the wound, then take them out at the nearest point. Secure the ends with strips of adhesive plaster, and caution all who are in attendance to avoid pulling on them, or in any way endangering their premature extraction.

Book Department.

A HAND BOOK OF HOMŒOPATHIC PRACTICE. By G. M. Ockford, M. D. Chicago: Duncan Bros. Price \$3.00.

Dr. Ockford has, with the counsel of several professors, succeeded in making a concise and yet comprehensive work on Homœopathic Practice. The plan of the book is to give the special features of each disease and an outline of its clinical therapeutics. In fine it is an epitome of practice, giving the salient features—the sure landmarks that guide the busy, successful physician. It fills a great vacancy in our literature, and we believe will prove a very acceptable addition to the library of every physician.

MEDICAL ELECTRICITY: A Practical Treatise on the Application of Electricity to Medicine and Surgery. By R. Bartholow, M. D. Philadelphia. H. C. Lea's Son & Co. Chicago: Jansen, McClurg & Co.: Duncan Bros. *Second edition.*

This second edition is enlarged and improved, and speaks well for its popularity with, and conforms with the high opinion formed of it in a former review.

THE TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF MICHIGAN, for 1882, presents a very creditable appearance.

THE SANITARY NEWS, is published by G. P. Brown, Chicago. Semi-monthly at \$2.00 per year.

The first number contains several interesting articles to sanitarians. We shall press it into service for the benefit of our readers.

IS CONSUMPTION CONTAGIOUS? By H. C. Clapp, M. D. Boston; Otis Clapp & Son. Chicago. Duncan Bros. *Second edition.* Price 75 cents.

The fact that a second edition is called for, speaks well for the inquisitive character of our school and their friends. This is a work that every physician should peruse.

TRANSACTIONS OF THE MINNESOTA STATE HOMŒOPATHIC INSTITUTE.

This energetic society has collated the proceedings of their society for sixteen years, and have issued them in a tangible shape. It makes a good showing for this state and may stimulate the society to greater deeds. There are some things in it too good to be thus buried, and we will have to pass them around to our multitude of medical readers.

THE ESSENTIALS OF VACCINATION. By W. A. Hardaway, M. D., St. Louis. Chicago: Jansen, McClurg & Co.; Duncan Bros. \$1.00.

This work is "a compilation of facts relating to vaccine, inoculation and its influence on the prevention of small-pox," and is a timely publication just when anti-vaccination is so much advocated. We agree with the work, that vaccination is an operation that should be held in higher esteem both by the profession and people. Carelessness will bring it into disrepute.

Medical News.

A Weekly Issue during 1898.

Drs. Porter and Bowman have been appointed county physicians of Dixon Co., Neb.

Formic acid.—Clifford Mitchell promises us a very valuable article on Formic acid for our next issue:

Dr. Henry's address is Montgomery, Ala. He will have something more of practical interest in a future issue.

Important.—Doctor, drop us a postal card telling us what you think of our proposal for weekly visits by this journal next year?

Dr. E. S. Breyfogle, has removed from San Jose to San Francisco, and has located at 14 Dupont Street, between Geary and Market, San Francisco.

Ashton, Ill., is an excellent locality for an energetic Homœopath. I intend to leave here on account of my health. No competition Homœopathic, for sixteen miles on three sides, and twelve on the east.

HENRY C. CLEMENTS.

Locations.—*New Lexington*, county seat of Perry Co., *McConnellsville*, county seat of Morgan Co., *Coshocton*, county seat of Coshocton Co. *Adamsville*, Muskingum Co., Ohio, thirteen miles northeast of this city, good. I will sell my location in this city. There are three of us here, and 20,000 inhabitants. The other two are young married men. I am over seventy years of age, and must quit before long. The other two are good competitors, both unpretending, and only moderate in the profession. I will sell reasonable, and will give all the information any doctor may ask. If there is no Homœopath at *St. Clairsville*, the county seat of Belmont County, and I think there is none—it would be good.

G. W. MITCHELL.

A good Homœopath wanted in New London, and Mt. Pleasant, both places in Henry county, Iowa.

Catarrh.—Carbolic acid inhalations, in the early stage of catarrh, when the symptoms first develop themselves, such as a disagreeable prickling sensation in the throat, suffusion of the eyes, sneezing, etc., the spray of a 2 per cent. solution of the acid inhaled every half hour is sufficient to cut short and abort the attack. Clothes hung over the head of the bed, saturated with Carbolic acid solution of 20 per cent., materially relieve sub-acute catarrhs of the larynx and pharynx, and quiet troublesome nocturnal cough. In asthma, following an acute or

chronic catarrh of the bronchi, this treatment is most surprising in its results. This treatment is not applicable to acute cases where the parts are very red, the secretion profuse, the cough violent, as in phthisis.—*Medical Press and Circular.*

Nicotinic Amblyopia.—Dr. Miguel Segura, in an article published in *La Clínica de Malaga*, concludes as follows: The amblyopia of alcohol and that of nicotine have many points of resemblance, but also differential characteristics, which may be thus summarized. The pupil is dilated in alcoholic amblyopia, and contracted in the nicotinic form. The beginning of the former is sudden, almost instantaneous, the course of the latter slow and progressive.

In alcoholic amblyopia both eyes are equally affected, while in the nicotinic form one or both organs may be involved, generally, however, one later than the other, or unequally. In alcoholic amblyopia the patients see better at night, a bright light disturbs them, they complain of chromatic phenomena, and of disturbances due to spasms of the muscles of accommodation. Those suffering from nicotinic amblyopia, however, see better during the day, and do not observe the other phenomena named. In nicotinic amblyopia the basis of treatment is the enforcing of complete abstinence from tobacco.

Recovery is expedited by tonics, hypodermic injections of Strychnine, and by Caffeine; the last named increasing the activity of the circulation, overcomes the stupefying action of tobacco by thus exciting the nervous centres. Sulphate of Quinine and Bromide of Potassium specially recommended by Italian ophthalmologists, have yielded brilliant results, especially in the mixed amblyopia of alcohol and tobacco.

[The best antidotes to tobacco is either Puls. or Nux vom.—ED.]

Diabetic Endocarditis.—M. Lecorche points out, in a communication to the Académie des Sciences, that the frequent occurrence of inflammation in the course of diabetes leaves no doubt of the tendency of this affection to produce in the persons who are attacked by it an inflammatory diathesis. The inflammations are not confined to the skin, the digestive canal, the kidneys, nor the lungs; they may implicate other organs. M. Lecorche recently described to the Academy of Medicine, as one of the somewhat frequent complications of diabetes, atrophic cirrhosis of the liver. He now draws attention to endocarditis. Diabetic endocarditis, which he has observed on several occasions, appears to show itself more frequently in females than in males (in eight cases out of fourteen). He has not met with it otherwise than in the chronic condition, and only as a complication of sub-acute or chronic diabetes. It only appears at an advanced stage of the disease—two or three years, or even more, after its commencement. Its appearance seems to be favored less by the intensity of the glycosuria than by its long duration. It is localized at the level of the mitral orifice, and M. Lecorche has only seen it on one occasion situated at the level of the aortic orifice. It reveals its existence by

a bruit de souffle with the first sound at the apex of the heart, and by irregularity and intermittence of the pulse. It is sometimes accompanied by atheromatous degeneration of the arteries (twice out of fourteen cases). It accelerates the progress of diabetes, and frequently brings on death, either by inducing a more or less generalized œdema, ascites, or by becoming complicated with acute hepatitis. It seems to be due to the irritation which the prolonged contact of blood, changed by the presence of sugar in excess, produces on the lining membrane of the heart.—*British Medical Journal*.

Climatic Treatment of Phthisis.—In a communication to *The Record*, Dr. R. B. Haywood, of Raleigh, N. C., states his doubts as to the propriety of sending consumptive patients to Florida and other debilitating climates. He expresses himself as being a convert to the views of those who, adopting a tonic plan of treatment, have with benefit turned the invalid current to the seashores of New Jersey. During his thirty-eight years of practice he has never sent a patient to Florida with any satisfactory result. On the contrary, he is convinced that the breaking down of the tubercle is hastened by such procedure. The climate of Florida, according to our correspondent, is exceedingly debilitating, miasmatic, and productive of complicative pneumonia. The country is subject to "northeasters," the temperature varies greatly from day to day, and insect life is particularly obtrusive and harassing. Experience, he claims, has taught him that the humidity, particularly where the air is free from impurities, exercises no baneful effect. Sea air is tonic, pure, and medicinal. If there is any virtue in inhalations, he argues, the sea air breathed should also be of efficacy in view of the various ingredients of the sea water, which it carries with it—compounds of Chlorine, sulphuric acid, lime, magnesia, phosphoric acid, etc. The effect of sea air is quickly manifested in elevating the tone of the system, increasing strength, and exercising a marked action in anæmia and general debility. For the last three years Dr. Haywood has been in the habit of directing his patients to go to Morehead City or to the town of Beaufort, latitude thirty-four deg. forty-one min., situated in the "bight" of Cape Lookout, N. C., and thirty miles from the hundred fathom line of the Gulf Stream. The sea breeze, we are told, is constant and delightfully tempered by the Gulf Stream. The mean annual temperature is identical with that of the city of Rome, in Italy, i.e., sixty-one deg. Raleigh, almost on the same parallel, shows a mean of fifty-seven deg., and Asheville, still farther west, one of fifty-four deg. Havanese invalids often suffer from the cold as late as March 10th, and "northers" frequently blow during half the winter. Two of the writer's patients who had sojourned at Morehead last summer express themselves feeling entirely well, while a third was greatly benefited. After discoursing upon the facilities of this place, Dr. Haywood concludes by recommending it not only to consumptives, but also to the anæmic, uterine cases, to persons suffering from general debility, and as an abode for teething children.

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Chemical Department.

*FORMIC ACID, ITS CHEMICAL RELATIONS,
MEDICAL AND ANTISEPTIC
PROPERTIES.*

BY CLIFFORD MITCHELL, M. D., CHICAGO.

Formic acid is a substance concerning which very little, comparatively, is known and to which less attention has been paid; at the request of the enterprising editor of THE UNITED STATES MEDICAL INVESTIGATOR ever alert for matters of interest to the profession and advantage to the community, the writer has prepared an article on this acid; many statements in it, however, are open to intelligent criticism resting as they do on isolated experiments and single unconfirmed observations which in our text-books have come to be accepted as established truths and in our journals to be quoted by dabblers in science with a recklessness truly appalling to the unprejudiced observer. Wherever such

statements are made, the reader will find a foot-note or other manifestation of the disapproval of the writer.

CHEMISTRY OF FORMIC ACID.

The formula of Formic acid is CH^2O_2 which with a view to its monobasic character may better be written HC HO_2 , or with reference to the hypothetical radical formyle, $\text{CHO} \left\{ \begin{smallmatrix} \text{CHO} \\ \text{H} \end{smallmatrix} \right\} \text{O}$, all of which will be explained further on, under the heading *theoretical constitution*. The Latin term for it is *Acidum Formicum*, the French, *Acide Formique*, the German *Ameisensäure*.

Formic acid derives its name from the Latin *formica*, "an ant;" Brunfels in the 16th century and Bauhin in the 17th noticed that red ants on passing over certain vegetable matters colored them red, and it is said in some text-books that if red ants (*formica rufa*,) be caused to pass over moistened blue litmus paper that this red coloration will be observed. Enterprising young practitioners with more time than patients are requested to verify this exceedingly interesting statement.

With the proverbial ungratefulness of republics several of our American authors have assigned the honor of first distilling formic acid to several individuals who have no right to it, thus, we read in one book "Formic acid was first distilled from ants by Gehlen," in another, "Formic acid was first distilled from ants by Samuel Fischer;" it is a matter which should be thoroughly known along with the name of Christopher Columbus, Sir Isaac Newton, and other great discoverers that the name of the illustrious individual, who *first* distilled formic acid from ants, was John Ray! We are told that ants make use of their formic acid as a means of defense ejecting it from their bodies when attacked; moreover it is said that the eggs of ants contain *no* formic acid, which is indeed a gratifying state of things.

According to Will ants do not have the monopoly of formic acid, caterpillars being formidable rivals in this respect; we all know that as children we dreaded the yel-

lowish green juice, which exudes from these insects on being "incised," and called it "poison." This juice, we learn, contains a notable amount comparatively of formic acid, especially in that variety of caterpillar the name of which was so familiar to us in our childhood, viz., *Bombyx processionea*.

It is assumed that other insects besides the ones named contain this acid; the honey of bees is known to contain it and the poison of the wasp and of the bee is supposed to be formic acid by some writers, while others assign it to the economy of "all manner of creeping things."*

In the vegetable kingdom we find it occurring in many places; the needles of *Pinus abies* contain it, hence the sour smell of heaps of pine needles; it is found in stinging nettles (possibly this suggested wasps and bees and other stinging "vegetables" to some of our authors); it may be prepared from the soap-nut and also from the tamarind. Unofficial reports from other vegetable substances are also rife.

Not content with two kingdoms this ubiquitous acid is also found in some *mineral* waters; among them those of Prinzhofen and Bruckenau whose names suggest Teutonic localities; it is also found in the deposit of Marienbad waters.

As to its presence in the tissues, etc., of men, individual observers have found it or suspected it in various ones. Scherer and Mueller in the fluids with which, *muscle*, the *brain* and the *spleen* are saturated; Gorup-Besanez in the *thymus* gland; Lehman in the *sweat*; [Bouchardat and Sandras in the *blood* of dogs after a prolonged saccharine diet.] Bulinginsky and Thudichum in the *blood* and also in the *urine*, formed they say by the decomposition of urochrom; Salkowski found it in larger amount in the *urine* of a patient suffering from *leukæmia*; Klinger found it in the products of fermentation of *diabetic urine*.†

Formic acid in a word, is a substance of great interest to the chemist not only from its occurrence both in the *animal*

*Will some scientifically disposed individual give us definite information on this subject by analyzing a few pounds of *Cimex lectularius*.

†Many of these statements lack confirmation.

and *vegetable* kingdoms but from the fact that it may be wholly prepared from substances usually deemed *mineral*, as we shall presently show.

METHODS OF PREPARATION.

It was originally obtained as already mentioned by distilling red ants. Berthelot prepared it synthetically from carbon mon-oxide and potash.

It may be prepared in the laboratory, by the oxidation of various organic substances, particularly by distilling a mixture of ten parts starch, thirty parts sulphuric acid, twenty parts water, and thirty-seven manganese bin-oxide, in a large retort connected with a condenser.

The mass will swell considerably, and at first must be heated but gently. The formic acid is distilled over and saturated with lead carbonate. The formate of lead produced is caused to crystallize in boiling water, then placed in a retort and decomposed by a current of hydrogen sulphide, and thereupon heated; the formic acid is then distilled off.

Another more modern process which yields it more abundantly, consists in distilling dried oxalic acid with enough glycerine to cover it. One kilogram of glycerine, one kilogram of oxalic acid and 150 to 200 grammes of water are introduced into a retort and heated to about 100°C.

The oxalic acid is decomposed, but only carbon di-oxide is disengaged. Water is added from time to time, and the mixture distilled until eight litres have passed over. The glycerine remains unchanged in the retort. The solution of formic acid thus obtained in the distillate contains only 75 per cent of the true hydrated Formic acid.

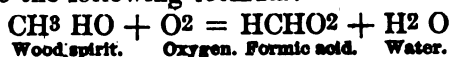
If dried oxalic acid be heated in this aqueous formic acid, and the solution be allowed to crystallize, the oxalic acid retains the water, and when the liquid is decanted from the crystals and distilled, pure formic acid is obtained and may be crystallized at a low temperature.

The equation representing the formation of formic acid from oxalic is as follows:



Another method of obtaining the pure glacial acid from the hydrated is to neutralize with carbonate of lead, filter, evaporate to a small bulk, collecting the formate of lead formed, drying, decomposing in a current of sulphuretted hydrogen, and separating the resulting syrupy acid or distilling the formate of lead with strong sulphuric acid.

Formic acid bears the same relation to "wood spirit" (methylic alcohol) that acetic acid does to ordinary alcohol, (ethylic alcohol,) hence it may be "instructively" though not economically prepared by the oxidation of wood spirit, according to the following formula:



PROPERTIES OF FORMIC ACID.

The *pure anhydrous* acid is a colorless liquid fuming slightly on exposure to the air, volatile, said to be inflammable, possessing a peculiarly sharp smell* and pungent sour taste.† It has moreover, a remarkably corrosive action on the skin, much more so than its congener acetic acid, and in this respect resembling the strong mineral acids. Its specific gravity is 1.235 and like acetic acid it is miscible in all proportions with water. Alcohol dissolves it, converting it partly into *ethyl formate*.‡ The acid boils at about 100°C (212° F.); mixture with water changes the boiling point. Under the ordinary atmospheric pressure a mixture of 77.5 parts acid to 22.5 water, will boil at 107.1° C. and distill without alteration. Below 1° C. formic acid solidifies to a white crystalline mass. When boiling, the vapor of this acid may be set on fire, burning with a dull blue flame. When heated in a test-tube with sulphuric acid, carbon

*The odor suggests Acetic acid but is more aromatic.

†The ordinary acid obtained in the shops will not answer to this description being feeble in odor and, as far as the writer's experience goes, not so corrosive to the skin.

‡Parties who are panting for the honor of proving this drug should therefore "run it up" with water.

monoxide gas (carbon protoxide, carbonic ~~oxide~~ not acid,) is given off and may be ignited at the mouth of the tube; the production of carbon monoxide, along with water, under these circumstances is quite characteristic of formic acid.

Another property of this acid is its power as a reducing agent* notably for compounds of the metals gold, silver, platinum, and mercury; * * if mercuric or mercurious nitrate be boiled with the acid, metallic mercury will be thrown down; if an oxide of mercury be heated with the acid, metallic mercury will be thrown down as a gray powder with formation also of water and carbon dioxide. Silver nitrate is reduced in a similar manner when heated with formic acid.

The affinity of this acid for bases is greater than that of acetic acid, forming in combination with them *formates* or *formiates*, as they are sometimes called, of the different metals.* Thus on dissolving carbonate of sodium, for example, in the aqueous or hydrated acid and evaporating we have the *formate of sodium* and so on. The formates are well crystallizable salts, and those of the metals are chiefly soluble in cold water, the formate of lead requiring boiling water to dissolve it.†

THEORETICAL CONSTITUTION OF FORMIC ACID.

The writer discusses this branch of the subject in a separate paragraph which like the base ball news in the daily papers may be skipped *in toto* by the uninitiated.

It is plain from what has been said that formic acid is not a mineral acid like sulphuric or nitric, but resembles more closely the vegetable acids particularly acetic acid. It belongs, indeed to what is termed the "fatty acid" group many of the acids of which are in relation with well known substances like alcohol, fusel oil and the like. It is assumed that a certain constant group or association of elements

*A reducing agent is one capable of causing a metallic compound containing oxygen to part with the latter.

†As prolonged boiling is required with some of these to effect reduction the formate of soda is preferable in such cases as it does not volatilize so easily.

called a "radical" runs through a number of these substances constituting as it were the essential part of them. Take for example, the three substances marsh-gas, wood spirit and formic acid; each of these has as its essential part a group of elements composed of one part carbon to three of hydrogen, or CH^3 , as it is written. This CH^3 is called the "radical" methyl; now, of the three substances, marsh-gas, wood spirit and formic acid, marsh-gas is composed of the radical methyl plus one part of hydrogen, thus $\text{CH}^3 \text{H}$ or CH^4 as it may be empirically written; wood spirit, of the radical methyl plus one part of hydrogen and one part of oxygen, thus, $\text{CH}^3 \text{HO}$ methyl hydrate as it may be termed or $\text{CH}^4 \text{O}$ empirically written; and formic acid of the radical methyl minus one part hydrogen and plus two parts of oxygen, thus $\text{CH}^3 - \text{H} = \text{CH}^2$; $\text{CH}^2 + \text{O}_2 = \text{CH}^2 \text{O}_2$. A similar relationship exists between alcohol, ethane, ether, and acetic acid all four of them being founded on the radical *ethyl* $\text{C}^2 \text{H}^5$. The radical methyl differs from ethyl by CH^2 , the formula of ethyl being found therefore by adding CH^2 to that of methyl. Another radical may be found by adding CH^2 to the formula for ethyl and still another by adding CH^2 to that, and so on. Radicals thus related are said to form a *series*. The formula for formic acid differs from that of acetic acid by CH^2 ; that of acetic acid from another acid (propylic or propionic) by CH^2 , that of propionic from another (butyric) by CH^2 , etc. Acids thus related are said to form a *series* and the series to which formic and acetic belong, is called the fatty acid series because the 16th, 17th and 18th members of this series are palmitic, margaric, and stearic acids respectively. [See opposite page.]

Another view to take of the fatty acids is that they are formed by substituting a radical for one of the atoms of hydrogen in the formula of water as follows: formula for water $\text{H}^2 \text{O}$ or $\overset{\text{H}}{\underset{\text{H}}{\text{H}}} \text{O}$. Substitute in place of the upper H, the formula $\text{CH} \text{O}$ that of a hypothetical radical called formyle and we have $\overset{\text{CHO}}{\underset{\text{H}}{\text{H}}} \text{O}$ or $\text{CH}^2 \text{O}_2$ or formic acid.

The view taken by some authors is that there is a radical formyl CH ; this brings formic acid into relationship with

The following table showing the relationship of the substances in this series is of interest:

RADICALS.	RADICALS + H.	RADICALS + O.	RADICALS + HO.	RADICALS—H+O.	RADICALS—H+O.
	<i>Hydrides or Marsh Gases.</i>	<i>Ethers.</i>	<i>Alcohols.</i>	<i>Aldehydes.</i>	<i>Acids.</i>
Methyl CH ₃ .	Methane CH ₄ H or CH ₄ .	Methyl ether (CH ₃) ₂ O.	Methyl alcohol CH ₃ HO or CH ₄ O.	CH ₃ O.	Formic CH ₂ OO ₂ .
Ethyl C ₂ H ₅ .	Ethane C ₂ H ₆ H or C ₂ H ₆ .	Ethyl ether (ordin- ary 'ether') C ₂ H ₅) ₂ O.	Alcohol C ₂ H ₅ HO or C ₂ H ₆ O.	C ₂ H ₄ O.	Acetic C ₂ H ₄ OO ₂ .
Propyl C ₃ H ₇ .	Propane C ₃ H ₇ H or C ₃ H ₈ .	Propionic ether (C ₃ H ₇) ₂ O.	etc.	etc.	Propionic C ₃ H ₆ OO ₂ .
Butyl CH .	etc.	etc.	etc.	etc.	Butyric C ₄ H ₈ OO ₂ .
Amyl C ₅ H ₁₁ .	etc.	etc.	etc.	etc.	Valerianic C ₅ H ₁₀ OO ₂ .
Hexyl C ₆ H ₁₃ .	etc.	etc.	etc.	etc.	etc.
etc.	etc.	etc.	etc.	etc.	etc.

chloroform, bromoform etc., and indirectly with chloral hydrate. Chloroform being CH Cl_3 would be a terchloride of the radical, bromoform CH Br_3 a terbromide, and iodoform a teriodide CHI_3 .

As a matter of fact, formic acid may be formed by decomposing chloroform or the like with caustic potash. The same may be said by decomposing prussic acid as it has also a chemical relationship to this substance. There are some twenty methods in all by which this acid may be formed all of which are not necessary to mention. Albumin yields it by the agency of Potassium bichromate and sulphuric acid; sugar, starch, gum and woody fibre with the aid of sulphuric acid and oxide of manganese, etc.

Formic acid is monobasic by which is meant that in uniting with metals to form *formates* it loses *one* part of hydrogen. Thus the formula for the acid being CH_2O_2 or HC HO_2 as it may be written, the formula for the potassium formate would be KCHO_2 , one atom of K (Potassium) replacing one of hydrogen.

When chloral hydrate is injected beneath the skin it is converted by the alkalies in the blood into chloroform and the alkaline formates.

FORMIC ACID IN MEDICINE.

Mitscherlich found that half an ounce of seven per cent acid injected into the stomach of a dog caused considerable inflammation of this organ as well as of the small intestines. One ounce of the same killed a rabbit in two and one-fourth hours; two drachms caused much uneasiness but did not prove fatal. The acid was not detected in the urine. The blood in the large veins was found to be brown in color. It seemed to have a specific action on the kidneys and to produce diuresis (*Med. Times* Sept. 1845, p. 342.)

It is then to be regarded as a poison, although modern works on toxicology are scanty in details concerning it; we may infer though, its action on delicate mucous membranes from that on the skin—when in the pure anhydrous form.

According to Liebig a single drop on a soft part of the skin produces intolerable pain with swelling; the skin turns white and is drawn together producing a painful ulcer.

Some authors supposing the poison of the wasp or bee to be identical with it, chronicle local pain, swelling, syncope and constitutional disturbance in severe cases.

In the Homœopathic School a remedy called "Formica" was used by Hering, probably identical with formic acid. Its symptomatology was as follows:

Affections of the spinal cord. Spasms. Rheumatism appearing suddenly mostly in joints with restlessness; patients desire motion although the latter makes the pain more acute. Pressure relieves pain. Sweat without amelioration. Ophthalmia, rheumatism and sequelæ. Deafness and other affections of the ear. Lack of milk in nursing woman. Seminal emissions.

In the Old School the use of the acid seems chiefly confined to external application of the dilute acid to paralyzed limbs, etc. It is deemed an excellent application, exciting the circulation and producing erythematous redness, with pricking as of nettles (*N. Y. Med. Journal*, April 1865 from *Med. Times and Gazette*.) Ramskill has used *formate of ammonia* in five grain doses in chronic paralytic disease with general torpor, reflex paralysis, and in less degree to paralytic conditions from long disuse of muscles; also in paralysis of sensibility or motion. A larger dose of the ammonia salt produces vomiting and a "glow in the stomach."

ANTISEPTIC PROPERTIES.

Hering was not so "out of the way" after all in giving formic acid for rheumatism as it has been more recently given in Europe combined with some base as for instance, soda, as a substitute for salicylic acid or salicylate of soda. The physicians who have used the salt claim that it is as beneficial as the salicylate and free from any injurious action on the heart.

This opens the way for a consideration of its value as an

antiseptic. On this subject we must as usual look to the French, and indeed we find that Jodin has had some experience with the drug; he maintains from his experiments, (*Comptes Rendus* lxi p. 1179) that formic acid is a powerful antiseptic *much superior to phenol*, (phenic acid, carbolic acid,) preventing fermentation, putrefaction, etc. According to Koch and LeBon there are so many antiseptics superior to phenic acid, as for instance a one per cent solution of corrosive sublimate (price one cent a pint*) that it seems hardly necessary to resort to formic acid to surpass this now famous antiseptic.† This however opens a field for investigation which it is hoped some one will enter; a substance like formic acid occurring so widely in nature, of such marked chemical and physiological properties ought certainly to be of more practical use than the mild fictions about which credulous devotees of cumbersome cant have conceived countless though captivating chimeras, filling our text-books with airy nothings and the brains of our students with despair when endeavoring to acquire all the suppositions particulars of laborious inanity.

*If an ounce in 100 parts water.

†No small compliment to phenic acid that every antiseptic must needs surpass it.

Gout, and Lead-Impregnation.—The connection between lead-poisoning and gout is well established, although the nature of that connection is still but little understood. It is not too much to assert at once that the facts adduced on this subject by Dr. Garrod, first in 1854, and subsequently added to by him, have been fully confirmed by other observers, and the merit of fully setting forth the connection between the two disorders rests with him, although previous indications of it were made known over a century ago. Dr. Garrod states that "at least one in four of the gouty patients who had come under his care in hospital had at some period of their lives been affected with lead, and for the most part followed the occupation of plumbers or painters." He has demonstrated that lead distinctly diminishes the secreting powers of the kidneys for uric acid, and Charcot likens this inhibitory action of the metal to paralysis of the kidneys. The uric acid is consequently retained in the body. Due regard being had to these facts, it becomes easy to see a very close relation between lead-impregnation and the frequent occurrence of gouty manifestation.

Surgical Department.

TRAUMATIC TETANUS AND TRISMUS CURED.

BY C. G. HIGBEE, M. D., ST. PAUL, MINN.

June 23, 1871, Mr. G. a conductor on the St. P. and P. R. R., was thrown from the cars, and his left foot run over and crushed. He was brought to this city, and his leg amputated at the lower third by an Allopathic surgeon. The amputation was performed June 25th, two days after the accident.

The system reacted well, and he recovered from the shock in a few days. His appetite was good and everything seemed favorable for a rapid recovery. The weather being excessively hot, the wound having been dressed but once a day, and after the first two days following the amputation no wet application having been used, except during the dressing; it having laid on a feather pillow and wrapped in oil silk—is it any surprise that profuse suppuration and sloughing of the soft parts took place?

This was the history of the case as Dr. J. T. Alley and myself heard it when called July 11th 1871, to take charge of it. The condition of the patient as we found him was as follows: The entire flap formed by the amputation had sloughed away as well as the integument and muscles, so that the tibia protruded an inch and the fibula nearly as far beyond the soft parts, the leg looking as though the flaps had been taken from above instead of below the point of amputation. The inter-muscular tissue was gone and the muscles were flabby, gangrenous, and so separated that we could put the finger between them. The protruding bones were black. Four days previously tetanic spasms had begun and gradually became worse, until now there would be a spasm every few moments, extending throughout the whole system, with opisthotonos. Trismus was very severe and

painful. Deglutition performed with great difficulty, only liquids could be swallowed, and the attempt to swallow brought on spasms of the throat threatening suffocation. His mind was clear and under the circumstances quite calm.

The diagnosis was evident. The prognosis under the usual Old School treatment equally so. Indeed it was a question with us, whether in this case our treatment would be any more effectual. His faithful wife who now lay sick with tonsillitis, and seven helpless children, appealed to us in tones more expressive than words, to do our utmost to save to them their companion and support. We could but assume the responsibility.

We thoroughly cleansed the wound by injecting castile soapsuds followed by a strong solution of Carbolic acid. We then loosely wrapped the stump in cloth wet in the same solution, ordered these to be kept wet by draining the solution upon it with a wet sponge, and laid the leg upon a hair pillow. Nux vom. and Belladonna were given internally. We dressed the wound thoroughly twice a day, continuing the same topical application until healthy action began, and then used Calendula to wet the cloth during the day. Belladonna, Stramonium, Hyoscyamus, and Nux vom. were given at different times for four days. For the first forty-eight hours but little improvement in the symptoms was apparent, but he was no worse, and that gave us courage to preserve. On the 15th we gave Hydrocyanic acid which had a marked action in controlling the spasms. The trismus had been so severe that a molar tooth upon the right side had been crushed; and became so painful that a dentist came and extracted it, a piece at a time, and, as afterwards proved, fractured the alveolar process so that several pieces eventually came out. The greatest source of irritation was from the anterior tibial nerve, the spasm starting from the point of its excision and flashing over the whole system. As the first symptom of spasm had occurred, when the surgeon first attending him, had made applications to the wound, of some solution that was extremely painful, it is probable that this was the exciting cause of the tetanus and trismus.

Dr. Gross cautions surgeons in using topical applications, to be careful and not excite the nerves so as to bring on spasms. This advice should be strictly followed. Milk punch and whisky were given freely, and the most concentrated form of food we could devise. With the one exception when he had a slight relapse from the wind blowing upon him, he gained constantly from the 14th of July until he was fully restored. The general tetanic spasms were the first to yield, the trismus giving away more slowly. Healthy action began at once upon the application of Carbolic acid, and under the use of Calendula the healthy granulations were promoted rapidly. The protruding portions of the bones separated from the healthy parts and were removed with the aid of the knife only. The new flesh grew out so far that a firm oval covering was formed over the bones. The wound healed entirely in about five months. He will soon have an artificial foot, and I have no doubt, will be able to wear it with comfort.—*Minn. State Hom. Inst. Trans.*

Injection of Carbolic acid into Painful Hæmorrhoids.—I have used Carbolic acid as an injection into painful and inflamed hæmorrhoids, in six cases, with success in every case. As recommended by Dr. Pooley, in the *Toledo Med. and Surg. Journal*, Nov., 1877, I injected with an ordinary hypodermic syringe, deep into the substance of the pile, three or six drops of crystallised Carbolic acid, liquefied by heat. Each hæmorrhoid was injected in succession. The pain was slight and soon ceased. The Carbolic acid caused a slough which soon separated, and the cure was accomplished in a week or ten days. The cases to which this treatment applies are those of inflamed or irritable hæmorrhoids, either external or partly contained within the rectum. This treatment is contra-indicated for internal bleeding piles and for those wholly external that are flabby and comparatively harmless. Prof. Andrews, lays down the following rules for the treatment of piles by injection of Carbolic acid: 1. Inject only internal piles. 2. Use dilute form of the remedy at first, and stronger ones only when these fail. 3. Treat one pile at a time, and allow from four to ten days between the operations. 4. Inject from one to six drops, having smeared the membranes with Cosmoline to guard against dripping; inject very slowly, and keep the pipe in place a few moments to allow the fluid to become fixed in the tissues. 5. Confine the patient to bed the first day, and also subsequently, if any severe symptoms appear. Prohibit any but moderate exercise during the treatment.—*Medical Press and Circular*.

Gynecological Department.

ON CERVICITIS SOME OF ITS CAUSES AND MANAGEMENT.

The prevalence of disease of the female reproductive organs has become almost universal and it is a rare exception that we find a woman who is perfectly healthy in this respect. Every practitioner of a decade of busy years can almost count on his fingers the women whom he has met, who are free from leucorrhœa. It is found in all grades from an excessive flow of the material secretion of the glands of the vagina, to the irritating and corrosive discharge, the products of severe lesions.

Leucorrhœa however, appears only as a symptom of a condition beyond—a product of some lesion of the generative organs. This lesion may be local involving only a small portion, or it may be general involving the womb and all its appendages. A very frequent lesion to which leucorrhœa exists as a symptom is cervicitis in its different varieties. From an early age of girlhood to the period that the womb ceases its function, and even years beyond that period, the cervix is peculiarly susceptible to irritation and inflammation. Its greatest prevalence occurs about the period of puberty and the few succeeding years. Why it is more frequent at this time will appear below. Both married and single women are equally subject to it and its great prevalence among the unmarried is becoming a matter of interest. The period of life from twelve to twenty, which should be free from all disturbance of the functions of the reproductive organs, are frequently years of suffering and enfeebled health which impair the development of the physical powers and dwarf and restrain the nobler qualities of womanhood.

The difficulty may consist in a simple catarrhal irritation of the mucous membrane of the cervix which is scarcely felt by the subject and only noticed by an increased flow of leu-

corrhœa. Again we may have a more or less severe inflammation of the lining of the cervix with a long accompanying train of symptoms, which come and go as the disease suffers aggravations. The sub-mucous tissues may become involved, in which case they become hypertrophied, with much redness and sensitiveness to the touch. This sub-acute form is generally chronic in its nature and is generally more extensive in its lesion, and in severe forms the interstitial tissues become similarly involved simulating the condition of areolar hyperplasia of the womb. The severer forms of these conditions do not exist circumscribed but extend to a greater or less extent through the surrounding tissues. The difficulty is sometimes confined to the lining membrane of the cervix producing what we term endocervicitis. This character of the trouble in a mild form is what we most frequently meet and of which we will more particularly speak.

The symptoms which denote this disorder are general in character but from them we may select the following as bearing directly on the trouble. Uneasiness in pelvis; sensation of heat and burning; dragging bearing down in pelvis increased when on the feet; general uneasiness, restlessness and irritability; leucorrhœa at all times, which increase before and after the menstrual period, and no doubt exists during that time, but is unnoticed then on account of the menstrual flux. All of the above symptoms are aggravated on the approach of and during the menstrual period to a degree dependent on the extent of the lesion and on the nervous susceptibility of the patient. Dysmenorrhœa is present in the great majority of cases in a more or less severe form.

The surest symptoms are those obtained from direct examination. This is not however permitted in a large number of our patients. By examination we find a reddened os, the lips of which are more or less everted. The entire membrane that is presented to view may be inflamed and the cervix swollen. Exuding from the os will be seen a viscid tenacious, glairy discharge. This can be drawn out into long stringy shreds by means of the forceps armed with cotton.

Tenderness and pain is felt on inserting the probe and frequently as we take it away we find it covered with blood.

The general irritation resulting from this disorder has a reflex action on the nervous system and in consequence we have a train of mental symptoms which often pass for idiosyncrasies of the patient, but which are nevertheless morbid conditions. These are fickleness, inconstancy, inadvertancy, to study and reading, flying from one thing to another apparently aimless in purpose, sleeplessness, irritability, ill humor, etc. These have a deeper significance than is generally given them and should not be passed over lightly.

Concerning the causes of this disease we will at once pass by those that are unquestioned, namely, exposure, cold at menstrual period, sequela of inflammation, mechanical injuries, injurious washes used in the vagina, and dwell more particularly on the cause as found in the popular dress of the period adopted by the woman. Tight lacing, the wearing of corsets and suspending heavy skirts from the waist, is productive of vast injury. A few moments consideration will show at once the truth of this assertion. Corsets are generally worn tight. The pressure produced by them would be severely felt had the wearer not become gradually accustomed to it. The stomach, liver and spleen are by means of it confined in an unnaturally small space and as a result will recede in the direction which offer the least resistance, which is downward.

The bowels are in turn displaced by this pressure from above and are confined to a lower horizon than they should be. As they descend those organs beneath suffer pressure and make room for them and the result is the womb is crowded low down into the "pelvic cavity. The supports of the womb at best are frail being suspended as it were in a cavity by the ligaments. These ligaments are distensible in their nature to allow of mobility upward and hence where too great pressure is laid on the womb will likewise distend and allow it to sink lower than natural. The resistance from below from the vaginal wall is a small factor and when the broad lateral and round ligaments lose their tenacity

the womb will at once sink down. Nature did not seem to make due allowance for the upright position when the female organs were placed in situ, for in few other animals is the position of the womb such that gravity will aid prolapsus.

By this forced prolapsus the cervix is brought in contact and bears down upon the floor of the pelvis for fourteen hours out of the twenty-four. Irritation will necessarily arise and constantly continue. The strain upon the uterine supports and the mechanical irritation of the cervix continues from early age until the patient is compelled by either disease or age, to relinquish the demands of fashion, to the pressure of tight clothing is added the weight of skirts which aggregate many pounds in weight. From this cause we find this affection more prevalent among those in the higher walks of life who yield to the reign of fashion. That many undergo the same cause without apparent injury only proves the power of some constitutions to resist disease, this as from other causes. Hard manual labor in the field, as many women perform in the rural districts, produces no injury, if the waist is not restricted and the clothing so fit as not to force the abdominal contents down upon the womb. The German women will do the hard labor of a man and bear a child every eighteen months and remain free from disease.

There is little sympathy for the practice that opposes the dictates of fashion and the physician whose prescriptions demand that the patient forego its conventionalities will sooner drive away his patient than relieve her, and hence the best we can often do is to temporarily allay the suffering while the cause still remains. Only when our patient reaches that condition that she can no longer tolerate her sufferings, will she quietly submit to our advice to discard her corset, suspend her skirts from her shoulders and leave her waist free and unrestricted. When this is done perfectly, a big part of the battle is fought and the reactive powers of nature are often sufficiently able in themselves to produce a cure. The use of a well fitting abdomi-

nal supporter is an essential aid in the majority of cases and especially in those who are compelled to be much on the feet. It is an excellent thing in all cases as it will allow more freedom in exercise in the open air. Among those I have had the most satisfactory results from Eaton's improved London supporter as fulfilling all demands, others may be as good but I have not used them.

Proper medical treatment is of great aid and can not be dispensed with, but I can not report that success in this class of cases that I would wish.* Neither does the high or low potencies of medicine accomplish for one what it will in the hands of others, and I have been compelled to use local treatment such as cleansing injections, using these sometimes slightly medicated; and when it is admissible direct application to the cervix of mild solutions of compound tinct. Iod., Hydrastis and Glycerine, etc., as the case demands. Internal remedies are Rhus, Arnica, for first stages, afterward Bell., Iod. of Ars., Sepia, Merc. etc., as the symptoms indicate by the lesions we find present. My experience has shown me that the greatest care in selecting the required remedy is frequently not rewarded by the expected relief. L. A.

*[See Ludlam's Disease of Women.]

Otorrhœa, Ozena, Ulcers of the Septum Nasi, etc.—Iodoform is extremely useful in cases of otorrhœa, ozena, ulcers of the septum nasi, etc. In the treatment of these diseases it may be applied either alone or in combination with any other power, the employment of which the particular case may render advisable—bismuth, tannic acid, oxide of zinc, or what not. It is easy to blow the powder up the particular part in question, and we would suggest that by means of a speculum it might be used in a similar way in the treatment of vaginitis, although we do not profess to speak on this subject from experience; it may be suggested, however, that a plug of Iodoform cotton, inserted into the vagina, might enable the surgeon to perform a strictly aseptic abdominal section in a case where it was impossible to avoid interfering with the vagina or the uterus.—*Med. Times and Gazette.*

[The Iodoform suppository has proved the surmises of this writer to be correct.—ED.]

Obstetrical Department.

NOTES ON OBSTETRICS.

[We give the following place in our pages, and we are sure that Dr. Peck will be thankful for replies from any of our many readers. He is collecting statistics that will be of interest and of great profit bye-and-bye.—ED.]

PROVIDENCE, R. I., July 15, 1882.

DEAR DOCTOR: Before presenting my annual catechism, I must return hearty thanks to those members of the Institute who favored me with responses the past season. Their constantly increasing number is proof, not only of confidence in the safety of revelations made, but also of appreciation of results attained. My object is to ascertain what has been proved by the experience of the profession to be sheet anchors in emergencies, that they may be ever in readiness and promptly employed, thus safely gaining time for the careful selection of the simillimum.

EACH MEMBER OF THE INSTITUTE is *particularly* requested to answer the group of questions referring to the strength of remedies employed in his practice. While figures are desired, such replies as *all employed, one-half, one-quarter, few, none*, etc., will be made to serve. You will observe that a failure to reply will count one in the general census against what your acts show you consider correct treatment. Moreover, it is desirable to know the potencies of remedies hitherto reported.

I append a list of the members of the Bureau, with subjects assigned. Should you have any experimental suggestions concerning any theme, and especially any cases of placenta prævia hitherto unreported (the more desirable, if unfortunate in termination), please devote any portion of the last page, otherwise unoccupied, thereto.

Very respectfully yours,

GEO. B. PECK, JR.

Secretary Bureau of Obstetrics.

Mention the three remedies you most often prescribe for morning sickness, in the order of frequency and their practical indications; also, accessory treatment, if any.

State the three most important remedies for heartburn (pyrosis, acidity), with the symptoms that prompt to their selection.

Give the three leading remedies for constipation, with their prominent indications; also, dietetic measures, and accessory treatment, if any.

Name the three chief remedies for hæmorrhoids, with their leading indications and accessory treatment, if any.

Specify the three best remedies for varicose veins, with accessory treatment.

Indicate the three most useful in albuminuria, their chief symptoms, and the general results of your treatment especially the proportion followed by convulsions, and their termination.

Describe the practical indications of the best remedies for dysury.

Give the best treatment for enuresis, and the three remedies found most useful, with their characteristic symptoms.

State your methods of preventing or removing agalactia.

How many of the above remedies and others employed during the past three years (save in surgical or toxical cases) have you administered as crude drugs or mother tinctures?

How many have you prescribed between the 1x and 3x inclusive?

How many have you prescribed above the 3x and to the 6x?

How many have you prescribed above the 6x and to the 12x?

How many have you prescribed above the 12x and to the 15c?

How many have you prescribed above the 15c and to the 200c?

How many have you prescribed of the 500c?

How many have you prescribed of the thousandth and above?

What general principles govern you in the selection of potency?

Complications of Gestation.—Chairman, M. M. Walker, M. D., Germantown, Pa.; “Promotion of Conception in the Sterile,” R. N. Foster, M. D.; “Lesions of Digestion,” L. C. Grosvenor, M. D.; “Mechanical Difficulties,” Loomis L. Danforth, M. D.; “Venous Troubles,” W. H. Blakely, M. D.; “Heart Affections,” R. F. Baker, M. D.; “Cystic Disturbances,” Walter Wesselhœft, M. D.; “Mental Phenomena,” R. J. McClatchey, M. D.; “General Hygiene,” C. Van Artsdalen, M. D.; “Promotion of Lactation,” C. G. Higbee, M. D.; “Albuminuria,” J. C. Sanders, M. D.; “Placenta Prævia,” A. R. Barnett, M. D.; ———, G. S. Walker, M. D.

Nitrite of Amyl.—Dr. Edgar Kurz, of Florence, has found this medicament so useful in the various aches and pains of every-day life that he has persuaded many families of his acquaintances to keep it on hand as a domestic remedy. It is an excellent external application for stomachache, colic, toothache (whether nervous or arising from caries), neuralgia of the trigeminus, of the cervico-brachial plexus, etc. It is superior to anything else when inhaled in so-called angio-spastic hemicrania, giving rapid relief in the individual paroxysms and prolonging the intervals between them. No trial was made in cases of angio-paralytic hemicrania, since in this affection the drug would be physiologically contra-indicated. It has a very good effect in dysmenorrhœa, especially when occurring in chlorotic girls; in mild cases external applications suffice, otherwise the drug should be inhaled (when complicated with inflammatory conditions of the uterus or appendages the results were doubtful or negative). It was found to be of much value in attacks of dizziness and faintness occurring in anæmic individuals, as also in fainting-fits from renal colic, and in several cases of collapse during anæsthesia by Chloroform. It has been commended in asphyxia from drowning, hanging, and in asphyxia of the new-born. But the first indication in these cases is the induction of artificial respiration, after the successful initiation of which inhalations of Nitrite of Amyl doubtless assist in overcoming the concomitant spasm of the smaller arteries. One of the most important indications for the use of the drug is threatening paralysis of the heart from insufficient compensation. In such cases it is necessary to gain time until digitalis and alcoholics can unfold their action, and here Nitrite of Amyl stands pre-eminent.

Pharmacy Department.

THE NATURE OF HIGH ATTENUATIONS.

BY J. W. CLEMMER, M. D., COLUMBUS, O.

Under cover of "Some Practical Facts," page 349, current volume, Dr. C. D. Woodruff attacks my article, "On High Potencies," found in August 15th number of this journal. His logic is unique. His discussion consists of negation and declaration. Science is denounced, dynamic medicine is affirmed and the real points at issue are ignored.

Undoubtedly my discussion of the high potency question appeared to him as an onslaught upon truth. It disturbed his dreams about the future of Homœopathy, and set his pen in opposition. The most remarkable thing about this retort is that it fails to discuss the facts brought forward in my paper. Why in the name of manly discussion did he not review my argument. Perhaps it is not worthy the effort. Perhaps it was easier to avoid the real issues by nonchalance than to suppress them by refutation.

If my article is worthy of discussion of any kind whatever, it becomes the dignity of ability to meet it upon its own ground. It presents some of the most serious objections to the adoption of high potency practice. Its evidence is most disastrous to dynamic medicine. The testimony comes from high authority among authors and scientists. I came by these things honestly, by study and investigation. My conviction follows reason. The charges of illiberality and disunion against expressions of honest conviction, whose correctness remains vindicated, are nothing but a piece of rhetorical jugglery and point to the real source of illiberal and partizan conduct.

It is impossible for me to credit the claims of high potentists, unless the results of careful research are proved to be imperfect. If I am wrong, if my convictions are grounded in error, if my argument is false, it is expected of opposition

to make the proper corrections, and not rave as though a hornets nest had been uncovered.

The evidence brought forward in my article was sufficient in my case to overcome high potency education, prejudice and belief. This same evidence convinced others before me, and will convince many who follow. Such men, if laboring under false convictions and in the dark, require the light of wise correction.

Deny it as you may, it remains a fact that clinical testimony, such as has hitherto characterized the enthusiasts of dynamization, will never convince thinking men of the alleged correctness of any system so long as there are urged against it the kind and degree of evidence that opposes high potency medication. And it is unreasonable to ask men to accept such a doctrine unless you are able to remove cogent objections. Until your system, admittedly mysterious and super-scientific, is able to meet an abundance of opposing testimony based upon scientific and philosophic research, will it continue a beggarly existence, and sap the progress of Homœopathy.

Some of the objections to high potencies are presented in my article. With one exception Dr. Woodruff fails to notice, much less discuss them. This exception has reference to liquid attenuation. How well he has mastered his subject, the reader may judge after an examination of his *attenuated* position.

In this late day of advanced thought it is surprising to find any one, who compromises the spirit of the age by so minifying science, as to attach to it a dwarfed definition and deny it a position in medical practice. Why the doctor decrys science by catechising it with questions, whose answers are based upon first principles, is as mysterious as primary truth itself.

He calls upon science to explain *how* and *why* drugs effect the system whether in health or disease. He might have been more specific and asked why *Cantharis* does not act upon the brain or upon the spleen, instead of effecting the genito-urinary organs. He would hardly ask *how* and

why the force of gravitation exists, yet the science of astronomy hinges upon its truth.

The uniformity of nature is a primary truth, and like the *how* and *why* involved in the uniformity of drug action, can not be called in question. To do so, is no less an absurdity than to question the existence of the material universe, or to deny any other primary principle. Nature in her wide domain is controlled by general laws and principles. No one attempts to explain *how* and *why* these exist. Science is built upon these fundamental principles. How or why the law of similia exists is as inscrutable as creation itself. It is the business of science to classify and explain facts, and refer them to general laws upon which, ultimately, all are based. If Homœopathic therapeutics is anything more than empirical practice, it is surely scientific, for the simple reason that it is able to arrange and explain therapeutic facts, according to natural law. In the face of this aggressive truth it is strange that any Homœopath should fail to recognize it.

Herein lies the distinctive value of Homœopathy. *Its success depends upon the exclusion of all clinical facts not properly referable to and explained by, its therapeutic law.* This procedure necessitates scientific exactness.

The doctor's appeal to science indicates that his tirade against it is sophistry. It is not such a bad thing after all, and should not be ostracised because it fails to explain primitive truths or solve the problems shrouded in the mysteries of the unknown. But science needs no defence, even in therapeutics, against the futile and senseless attack of Dr. Woodruff.

In this discussion science claims her pristine authority. She was dethroned only to see the coronation of experience, science grieved to witness her subjects, "practical facts," driven by a false leader back to the dark days of empiricism.

The mission of science in the field of medicine is unquestioned, excepting by our late author. It gives intelligent direction to art and experience in their efforts to relieve humanity not only of disease and pain, but of the nonsense

and positive harm that come of false theories. It is doing much in this direction. Therapeutics is receiving special favors at the hands of science. In our school it is a matter of pride that empirical practice is replaced by scientific medication. Scientific for the reason that a therapeutic law explains and classifies the facts governing the selection of remedies. Without the guidance of accurate observation, such as comes of science, all physicians, like Dr. Woodruff, would recognize all sorts of remedies and cures. "Anything to relieve suffering humanity, no matter whether it comports with man's scientific investigation or not, so long as it is in keeping with experience, and does the business." For suffering humanity! "Give us moon shine." Then there would be mere spiderweb-pill cures, more dynamic cures, more high attenuation cures reported without distinction or reference to the principle involved. Then in the language of Dr. Woodruff, we would reiterate: "Science is powerless, while art is most powerfully effective." "Most powerfully effective" is good. Still better, "Homœopathically, we meet mystery with mystery, and why may we not?" No, no, I fear the darkness of superstition and mysticism, let us take our "art and experience" to the light of science, and find out what this spider cure means, what dynamic medicine is, what high attenuations are, and ask her to determine what are Homœopathic, what are non-Homœopathic cures. Let us see whether the tap-door of these reputed cures reaches down to the law of similia. Let us find out whether the elasticity of Homœopathy is so wondrous great as to stretch from the tincture all the way to the 40,000th attenuation.

Experience in "some practical facts" testifies to the cures of the spider-in-a-thimble remedy, as well as to those produced by the use of dynamic medicine. Owing to the author's abnegation of scientific decision in all medication, what shall determine the curative principles involved in these diverse methods? There is an abundance of evidence to show that both are ridiculously absurd, either from a logical or a philosophical standpoint. The threadbare appeal to clinical tests, excepting the Milwaukee test, the

only evidence claimed for high potencies, will not save their votaries from the whirlpool of clinical proof found in the use of the amulet, incantations and all sorts of psychological agencies. In this way the cures produced, "by the use of means such as their fertile imaginations might suggest," furnish an abundance of clinical testimony, all of which does not prove that the means employed, dynamic medicine included, are Homœopathic.

The essential point of disagreement between Dr. Woodruff and myself, between the two factions in our school, hinges upon the question as to the Homœopathicity of the therapeutic agents employed and the cures reported.

The position of the low potency physicians is well defined by Dr. H. M. Paine in *The Medical Call* for Oct., 1882. He says:

"We firmly believe in attenuation for subdivision. We are materialists in medicine, not spiritualists. We believe that, within clearly defined limits, the curative power of drugs is greatly increased by minute subdivision and dilution. We accept, as Homœopathic, any attenuation which can be demonstrated, mathematically or otherwise, to contain the least molecule of the original drug element; and we claim that the Homœopathic action of all medicines is confined to such attenuation. We hold that all treatment by so-called Homœopathic remedies, which cannot be proven to possess medicine in a material form, is non-Homœopathic and that cures thus effected should be classed separately.

"The Homœopathic doctrine, as formulated in the law of similars, neither invites nor suggests the untenable theories of infinitesimal doses or dynamization. Fifty years of practice show that high potencies, immaterial force and dynamic medicine have accomplished nothing beyond impeding and disgracing Homœopathy. A few years ago a crusade against these deleterious influences was instituted. Its work progresses slowly but surely, and as rapidly as prudence and wisdom could wish. The object of this movement is to preserve pure Homœopathy, and separate it from non-Homœopathic practice. The tocsin of alarm was sounded by the

President of the American Institute at its last meeting, and in a few years the "official utterance" will become a statutory law enacted by the legislature of that society."

THE NATURE OF HIGH ATTENUATIONS.

In my article on high potencies, I took the position that drug material can not be carried up into the so-called high dilutions, according to the Homœopathic method of preparing medicine. The argument supporting this statement is unanswerable; this explains Dr. Woodruff's blunt denial, without discussion of the scientific facts upon which the argument is based.

As the real points at issue were untouched by the cynic, further discussion would be unnecessary, were it not to correct his gross error and the false impressions perpetrated upon the unwary. It is the following that provoked the recalcitrant doctor to charge me with ignorance and vandalism; but, as the sequence will show, he was only paving the way to his own humiliation. "That liquid drugs should be diluted according to our method of preparing medicines, and some of its particles be continued up into dilutions numbered by thousands and millions, is the most colossal absurdity ever perpetrated upon the credulity of man. Think of the amount of diluent necessary to dilute one drop of the tincture to the 30th decimal. By actual calculation a mass sixty-one times greater than the earth. This is only a medium dilution. For the higher potencies all the planets and systems of worlds in the universe, all the starry host of heaven, could not measure the menstrum that is to contain the molecules of a single innocent drop of liquid."

Dr. Woodruff proceeds to "squench" these "egregious and ridiculous assertions" in the following language.

"It is sheer folly to argue such a senseless doctrine, when any one can make the 30th decimal dilution or attenuation, with three-fourth of an ounce of diluent, and not use it all then. * * * I say that figures do not indicate any such statement as fact. Now as to proof. One drop of tincture to nine drops of diluent makes the 1st decimal attenuation

or dilution, one drop of the 1st to nine drops of the diluent makes the second decimal, and so on. At this rate how many drops of diluent will it take to *make the 200th decimal*. Just 200 times nine drops, or 1800 drops, require about thirty drachms, or not quite four ounces. Now multiply thirty drachms by nine (the multiple should be ten,) the number of drops left of the tincture in the 1st dilution, and you will have the *total amount of diluent required, necessary to carry one drop of the tincture to the 200th dilution* or attenuation, which is only equal to thirty-three and three-fourths ounces (thirty-seven and one-half ounces, nothing like being exact.) If I am in error (impossible!) in this calculation and method of dilutions, I trust some dyed-in-the-wool, Hômcœopath will set me right. * * * (The funny things said about the wells and rivers of Allegan—good argument by the way—are conceded.) If my method of dilution be correct, as I believe it to be, then it is time that such egregious and ridiculous assertions as, Dr. Clemmer makes, should be squelched and buried in oblivion, because it tends strongly to throw the most glorious system of medicine the world has ever known into disrepute and its exponents into the chamber of fools.”

Evidently there is a wide difference in these calculations; and I am tedious in order to develope the facts. It is worse than folly to talk about high dilutions when their nature—not preparation—is far, very far, from being understood. It is surprising that “for fourteen years” the good doctor has failed to comprehend the true character of high attenuations. When the light of truth dawns upon him that chamber door will swing open to receive him. This is not a matter of levity. Such a wide discrepancy about so vital a subject requires serious thought. I fear there are many more, who as little understand what high dilutions really are and imply, as is revealed by Dr. Woodruff. Before arguing what our remedies can do let us understand what they contain.

The above method of making the 200th is undoubtedly correct; but the calculation, as “to the total amount of dilu-

ent required, necessary to carry one drop of the tincture to the 200th dilution or attenuation," is an unpardonable piece of stupidity, emblematic of high attenuation doctrines.

The reader should bear in mind *the difference between making the 200th dilution and carrying the whole of the tincture to the 200th*. The amount of vehicle necessary to prepare the 200th, doubtless, has been correctly stated; but that a few ounces only would be required "to carry one drop of the tincture to the 200th" is false. According to this calculation, the drop of tincture undergoes a tenuity limited to the capacity of thirty-four ounces, and this is the 200th dilution! By placing one drop of the tincture into a vessel, containing thirty-four ounces of liquid and shaking the mixture thoroughly, you would have the real proportion of drug to its vehicle in Woodruff's 200th. The "strength" of such a preparation is found, in fact, a little beyond the honest 5th. Hence, Woodruff's 200th is equalled only to this low dilution. If this admixture represented the actual amount of dilution, which our liquid drugs undergo to reach the 200th, there would be no room for argument as to the presence of drug matter. Unfortunately, this is not the case.

The doctor should know that while he correctly diluted the tincture to the first, and this to the second, from this on, at each succeeding dilution, he leaves nine-tenths of the remaining preparation, or original tincture, behind unused. Only one-tenth of the tincture in the second is used, while the remaining nine-tenths is left unused; one-tenth of the tincture in the third is carried to the fourth, while the remaining nine-tenths is again unused; and so on all along the line at each succeeding dilution he leaves nine-tenths of the amount brought forward from the preceding one. The fact that he runs out the scale ten times makes no difference in results. It is noticed that the tail-piece wiggles out of Woodruff's theory, and that the majority of the load is dumped out at the very onset. At every dilution, as he goes on, the dumping process is repeated. Now at the 200th he tells us he has a water-tight cart.

This might be considered a joke only that he tells us that "for fourteen years" he has labored under this mistake. He need not go far to find a "*died-in-the-wool* Homœopath."

If there is any doubt about the amount of diluent necessary to carry a drop of the tincture to the 30th or 200th, take another view: *Exhaust every part of every dilution before making the succeeding one.* With paper and pencil you may approximate it in theory; practically, of course, it is impossible. Adding nine parts of diluent to each dilution as you advance, not leaving any part unused, will give you a correct amount—the total amount—of liquid used. At the fifteenth decimal there about 5,000,000 barrels consumed. From this time on the quantity mounts up very rapidly, so that in the same ratio of increase, calculated by a University professor, there was found necessary, by mathematical calculation, "a mass of diluent sixty-one times greater than the earth to dilute one drop of the tincture to the 30th." From this look up to the dizzy height of the 200th, mount onward and upward to the 1,000th, and if you would know "the mystery of the *how* and *why* of high potencies" and Finckeism, gaze still higher into the mystic heights of the 40,000th!

Talk about a few ounces diluting the tincture to the 200th!! and this is the boasted knowledge of the high potencies.

Certainly there will be an out-pouring of execrations upon my poor pate for giving utterance to such "nonsense," when, with a few vials and a little liquid, the 200th can be honestly made. Nine-tenths of drug remaining—if there be any—are left behind at each step in the process, so that *the ratio of reduction is the same—the actual dilution of the drug as great—as though all of every dilution were used.*

This is conclusive, that the attenuation of drug material reaches the same degree in the 30th as that found in the entire diluent, if such a thing were possible, where every part of all the succeeding dilutions are employed, for the simple reason that *the same rate or rapidity of dilution takes place in both.* When you medicate pellets from the vial

marked "30th," remember that the probability of dispensing drug material is the same as though you could medicate from a mass of liquid many times the size of the earth in which a drop of medicine, presumably, had been thoroughly dispersed. Yet we hear of medicinal aggravations from the 30th, and the stereotyped rule is "go higher!!"

Is it any wonder that such a doctrine transcends science, rising like a rocket to daze the *high flyers*, only to drop like a stick at the feet of scientists and a thinking public.

Doubtless there are many, like Dr Woodruff, who do not comprehend the nature of high dilutions. There is still another class who avoids the genuine exposition of this deceptive subject, by charging such efforts to Allopathic motives, and by explaining how, with a few vials and a little liquid, these alleged monstrous preparations are made honestly and easily. Such an evasion finds a name in sophistry, and its exemplification on page 196 of this volume in an editorial.

The final attempt in Dr. Woodruff's article is a defense of dynamization. He italicizes and comments upon a single proposition found and substantiated in my article as follows:

"That 'drug force is increased while the number of drug molecules is decreased' (according to the theory of dynamization) scientifically considered, should not be a matter of any great mystery to any thinking mind, that is to say, up to a certain point for the reason that molecular activity is thereby increased, the electrical or heat force more largely engendered, and latent vitality set at liberty."

Evidently the writer does not comprehend the nature of dynamization any more than he does the true character of attenuation. Practically considered, dynamization has nothing to do with drug matter, leaves it behind in the process of trituration and dilution, as must be assumed, and evinced *pro re nata*. The above italicized proposition indicates the struggle between the "latent vitality set at liberty" and its corporeal encasement. It is the flight of the spirit-drug into the boundless realm of an ever-increasing quantity of

inert vehicle, which it spiritualizes or dynamizes. The doctor must either be a spiritualist or a materialist in medicine. Which? It is difficult to tell from his jargon* what port he is sailing for. "Up to a certain point," if by that is meant that comminution or subdivision of drug substance presents a greater contact surface, thus securing, not only the small dose, but preparing it for assimilation, he will land all right.

For an evident reason the discussion upon dynamic medicine presented by Dr. Woodruff requires no comment further than to notice, for once, he wants the point "Scientifically considered," then lapses back into the usual array of incongruent terms and ambiguous phrases to explain an untenable theory, and finally makes the declaration that, "science is powerless."

Upon further study and research things may appear brighter. "Night brings out the stars."

*Dr. Randall appears in *THE INVESTIGATOR*, of Sept. 15th, standing upon "The Wisdom of Experience." Had the article not proved itself unworthy the name, under which it was couched, it might have received the recognition that is gained by opposing argument.

The Old Doctor in Debate.—It is interesting to watch the effect of experience and observation in the discussion of medical subjects. The young man rushes at the subject, criticises and often denounces the views of an opponent—if not the opponent himself. Discussion runs riot when it gets started in a society of young beginners. But watch the old man. He presses the subject with a few questions, perhaps adds some facts from his experience, and, to the astonishment of all, a very interesting discussion has elicited some valuable facts. Just at this point some indiscreet but knowing young man is apt to raise a technical question, and the old man subsides.

Anatomical Proportions.—A man in his infancy has the breadth of his shoulders equal to the length of the face, and to the length of the arm from the shoulder to the elbow, when the arm is bent. It is the same again from the lower belly to the knee, and from the knee to the foot. But when a man is arrived at the period of his full growth every one of these dimensions become double in length, except the face, which, with the top of the head, undergoes but very little alteration in length. A well-proportioned and full-grown man, therefore is ten times the length of his face; the breadth of his shoulders will be two faces; and in like manner all the above lengths will be doubled.

Therapeutical Department.

THE CLIMATIC REMEDY.

What an invigorating climate, with a favorable altitude, may do in restoring or prolonging the lives of those suffering from diseases of the respiratory organs is interesting to all.

Where can I go to be benefitted by a change of climate? Is a question often asked by our patients; and we as often are at a loss to know where to direct them or suggest a location that will prove beneficial. Some are in a condition that a positive change is necessary to realize any benefit; while others need to select a location that is only a modified change in temperature, which slightly exceeds, or falls below the temperature of their present location.

Serious results often follow a too positive change for some conditions or stages, of the disease. So we can realize how very great mistakes are often made without first considering the condition the patient may be in; and the climatic influences they may be subjected to. If we have had no experience, we must decide by investigation, and better still, by corresponding with physicians in different localities, who have made climatology of some special interest. First giving them as correct a diagnosis of the condition of our patient as possible. Desirable locations are numerous, and some physicians have taken interest enough, to publish facts concerning many favorable localities, all of which aid the selection.

The change necessary, is one that will bring a reaction in the system and assist nature to overcome all abnormal conditions, by equalizing the circulation, relieving the respiration, and supplying those properties of the blood, and nervous system, suffering from depletion or excited action, which nature is not able to control. We know what can be supplied, by "Natural Laws," is accepted and assimilated

by the physical organism and as surely brings relief and the patient will realize just as much of restoration to a natural condition as the system will assimilate.

Then again, the properly selected remedy or remedies, will also materially aid the system to be more especially benefited by climatic influences. Many more recoveries could be realized by a little assistance, timely administered, of remedies judiciously prescribed, in cases that have improved somewhat but finally succumbed to the disease. They depended wholly upon the climate; unconsciously feeling that it would be sufficient to arrest all abnormal conditions, when the system demanded, to be in condition to receive and assimilate what would be efficient in the climate. There are many desirable localities where one could find temporary relief, a portion of the year; but to find the climate, that would help an invalid to continue the progress of restoration, is not so easily found. To be sure of a climate that will induce steady improvement, is what the majority of invalids need, who are suffering from any disease of the throat, lungs or mucous membranes.

Experience and investigation have proven that the east side of the Rocky Mountains, has been the most satisfactorily, to a continued progress, in arresting those diseases of the respiratory organs, which realize only a partial relief, in many other localities. Being exempt from the extreme storms, fogs, and dampness, which follow those temperatures, modified by either ocean. The mountain elevations, with the variations in altitude, the exhilarating dryness of the atmosphere, the various mineral deposits, with which the mountain ranges abound; the pure mountain streams, and springs of water, the geographical delineations, the arid and rolling plains with spare vegetation extending from these mountain ranges; all have their influences upon the atmosphere, making its influence conducive in restoring wasted energies, and depleted constitutions.

Great care should be considered in point of altitude. The lower altitudes should be first selected, in any change of climate, serious results are often obviated by being judicious

in this respect. Besides it is more conducive to improvement, if after realizing some benefit from a medium altitude, to make a change to that of a greater elevation. The change should be gradual; too much of a change is quite likely to induce aggravation, and sometimes hæmorrhages, which are not favorable to a continued improvement. While just the altitude necessary, from the condition of the invalid, might, and probably would, encourage improvement. It requires an unprejudiced judgment, a thorough knowledge of ones own condition, to know just what it is best to do under circumstances where any deviation may prove injurious.

After some experience, and more of observation, and investigation, I can recommend Pueblo, Colorado, and that vicinity as being a desirable locality for any disease of the respiratory organs. The altitude being 4,500 feet, it seems very favorable to those diseases. Some might find it more conducive to their condition, to select an altitude of less elevation even. Pueblo is situated on both sides of the Arkansas River, from twenty-five to thirty miles distant from the mountains. The keen atmosphere of the mountains is greatly modified by the distance and the rolling lands between. The valleys extending on the river and streams, the buttes, beyond the valleys make a diversified landscape, not unpleasant to the eye; and all have their influences upon the climate, making it a desirable location for consumptives, during the year. The atmosphere consisting of those properties, which aid most in relieving the respiration, equalizing the circulation, and healing the inflamed tissues.

There are no dews, not even after a rain, to last any length of time. The atmosphere absorbs all moisture, the almost constant sun shine, with the properties in the atmosphere, with the occasional winds, take up all poisonous effluvia, and disperse those influences which might prove objectionable to health.

Nine years ago, I spent several months at Pueblo, and was interested enough to take note of the *superior* advan-

tages of that locality. It is scarcely possible to find a better climate for consumptives, and we might add Colorado, Wyoming, New Mexico, and some parts of Arizona, and Old Mexico. I write more particularly of Pueblo because I have had experience, which justifies the assertion.

At the time of my first being there, very little tree planting had been done, few gardens and yards had been cultivated. Since that time, extensive improvements have been made. The rapid growth of the city, and numerous manufacturing establishments, I thought must have a serious influence upon the climate of that place. But last year (1881), I again spent a few months there, and was delighted to realize that so far, it had not materially changed the appreciative qualities of the climate.

Perhaps it may not be amiss to offer a few suggestions, to those seeking health, and who may not be familiar with precautions necessary to be taken and the advantages to be derived by the proper precautions used in making a change to any climate.

Make up your mind to be contented. Go for the benefit you anticipate, expecting to realize some improvement at least. Leave your friends and home comforts feeling that you are making an effort in the right direction, and that it is for the best. Take a good friend with you if possible, if not, find one as soon as you are comfortably located. You then have some one to help you in suggesting, and carrying out your plans; to help you to bear your discomforts, and to aid in availing you of *every* advantage to your improvement; some one who can help to dispel *the clouds*, which may occasionally hover around you. Go with a determination of realizing, in part what you are seeking, a comfortable restoration to health. Have faith that your anticipations are to be realized, making you able to enjoy more of life and more usefulness as one of *its doers*. Select a location as free as possible from vegetable growth and decomposition where the sewerage is not objectionable, where you may not be subjected to the smoke and gases, consequent upon manufacturing; choose well ventilated apartments, where you can

breathe the pure air of heaven free from anything that depresses, or irritates your condition. A good tent is often a favorable habitation. Many invalids have been more perceptibly benefitted, by occupying a tent for a time. Get air in the early morning, take a view of the sun's first beams upon the majestic mountains, with their varied hues. Some of their peaks being in *everlasting* snow, glistening in the sun's rays. It will be worth the effort it costs you, and be a pleasant panorama before your mind, through the day. One never tires of viewing the proud old mountains. Inhale carefully into your lungs the air, (purer cannot be found,) making the inspirations and expirations as nearly equal as possible. You may have some lameness of the muscles of the chest, from your first effort if you have not been accustomed to the exercise but do not omit the daily practice, as the discomfort will soon pass off. The benefit of the effort will more than offset the inconvenience. Try to ascertain what is most necessary to overcome, equalize, and supply in your system. Supply the deficiencies in every way possible. Make a judicious selection in choice of nourishing diet, that will help to supply the wants and demands of your system aid your digestion, and that you may be able to assimilate, and to supply all the constitutional requirements. Induce habits of rest and regularity in all you do. Be judicious in the taking baths, unless strong enough to produce a reaction in the circulation after a bath, make use only of a quick sponge bath, and that not too frequently. One should never take a bath and feel exhausted after it. If troubled with night-sweats, take a piece of flannel, ring it out in water, (to which salt has been added,) let the flannel dry, rub over the surface of the body with the flannel, night and morning, preparing it freshly each day. This ablution is very grateful when one is prostrated by any disease. Seek some employment, no matter how light, or whether the effort is worthy of recompense; but simply to occupy the mind and body. The effort will bring its own reward. Cultivate cheerfulness, it is indispensable; a ride on horse-back is a healthful exercise, if it does not fatigue you too

much. Take all the exercise in the open air, you can bear without fatigue. Sit on (or near,) the ground, selecting those places most exposed to the sun's rays. The earthy properties are what you require to supply to your depleted condition, and the nearer you get to the source from which they emanate the sooner you realize the needed aid derived from their absorption. Those barren buttes, and sparsely covered plains, all have a life giving element, which we should consider, as one of the indispensable means of our restoration.

If you have a troublesome cough, and it seems more aggravated by the change, do not be discouraged, as the electricity, (so abundant in the atmosphere,) may act as an irritant to your condition, until you are able to assimilate what you need, and throw off what may be in excess. If alone, and you need care and home comforts, patronize the Sanitarium, recently opened, and conducted on true humanitarian principles. It is an institution which has long been needed at Pueblo, and is situated near the famous "Artesian Mineral Well." The healing and renovating properties of this water may be more extensively developed, and realize in the treatment of the sick. To some diseases this water has, and will prove an efficient aid; to more serious, and long continued lung disease, it might not be advisable to make use of the *water* as a beverage without first consulting some competent physician. A sponge bath might be very useful, while some of the properties of the water would be very injurious to inflamed tissues.

One suggestion more. The experience of the greater number of persons has been, that those who improve every opportunity which would be a benefit, and remain three months and really begin to improve during that time, may expect to recover to a comfortable condition of health. Though there are some exceptions. Where *one* is improving, a change is not considered safe; in most cases, never make a change unless you are satisfied it will improve your condition. Consult some physician who has had experience. Having often been interrogated about the climate of Colorado, I could not satisfy those inquirers better than to give some of the most important reasons why that climate should bring relief to the suffering, as it has to me.

OAKLAND, Cal.

MRS. M. D. WILSON.

Materia Medica Department

WHERE AND WHEN TO USE *SECALE COR- NUTUM*.

BY E. WALTHER, M. D., MINNEAPOLIS, MINN.

Secale manifests its physiological action on the human organism at first through the ganglionic system, gradually extending through the spinal nerves to the brain, including the nerves of special sense and sensorium; further on the heart, arterial, venous, and capillary system; the mucous membranes of the stomach and intestines, and of the respiratory, urinary, and reproductive organs of both sexes, but especially on the female organs, and the uterus.

The character of its action on the nervous system and its centers, is at first that of irritation and spasms, gradually developing into paralysis and *marasmus nervosum*. On the blood and its conveying vessels, the want of proper innervation is first perceptible, gradually advancing into dissolution of the blood and disorganization of structural parts. The same irritation and innervation is perceptible in the functions of the mucous membranes, finally causing complete relaxation and atony. Its action on the impregnated uterus is very positive, causing powerful contractions.

The therapeutic sphere of *Secale* is very extensive comprehending many diseases of the cerebro-spinal and ganglionic systems, with the character of erethism, neuro-paralysis, and *marasmus-nervosum*. Diseases of the circulatory system with the character of *asthenia*, dissolution and disorganization; diseases of the mucous membranes, with profuse secretions and excretions; diseases of the sexual organs of both sexes, especially the uterus in pregnancy, ante- and post-partum.

Its action on the human organism manifests itself very promptly and energetically, and therefore it is of great value in most acute and dangerous affections, also in chronic diseases.

Head.—*Passive congestions* to the head and brain, with lightness in the occiput, dizziness, unsteady gait, tingling in the hands and limbs; confusion, heavy sleep and partial unconsciousness.

Eyes.—*Photophobia*, obscuration of sight, double and triple, blue and firey spots before the eyes; abnormal dilation of the pupils; *amblyopia amaurotica*.

Fustular conjunctivitis in children, with stitching pain in the eyes.

Ptoxis and paralysis of the eyelids, after erysipelas, with blue margin and a fixed and glazed appearance of the eye.

Ears.—*Deafness* of a nervous or congestive origin, with singing in the ears; at times undue sensitiveness of hearing.

Nose.—*Epistaxis*, dark blood, with great prostration, small, wiry pulse, in old people and drunkards. *Nasal catarrh*, watery discharge, yet nose obstructed.

Face.—Pale and pinched, earthly looking, contracted and discolored features, with sunken eyes, blue rings around the eyes; spasmodic distortion of the mouth and lips, tingling of the face, muscular twitching commencing in the face, and spreading all over the body sometimes increasing to dancing and jumping, as in St. Vitus' dance, continued motion of the head to and fro, trismus.

Mouth.—*Bleeding* from the gums, looseness of the teeth—as in *purpurea hæmorrhagica*.

Difficult dentition, with apathy and prostration, vomiting of ingesta, mushy, watery diarrhoea, great thirst, with pale face, sunken features, accelerated pulse, restlessness and sleeplessness.

Tongue coated with a yellowish, white, dry, tenacious, or a brown and blackish substance.

Spasm of the tongue, forcing it between the teeth, rendering speech indistinct, feeble and stuttering; painful tingling in the tongue, mouth, throat and œsophagus.—St. Vitus' Dance.

Appetite, etc.—*Aversion to food*, especially fat and meat; unquenchable thirst, desire for sour drinks. *Bulimia*.

Stomach.—Sour eructations, painful retching, nausea,

vomiting of food, of yellowish green mucus, of decomposed matter.

Hæmatemesis, black coagulated blood, no pain, great thirst, prostration and collapse. *Vomiting in pregnancy*. Gas-tromalacia with anguish and great tenderness in the epigas-tric region, pressure and burning with distention.

Hypochondria.—Burning pain in right and left hypochon-drium. Enlargement of liver and spleen. Gangrene of the liver.

Abdomen, bloated with rumbling and gurgling of flatus, painful tenderness, nausea, and diarrhœa.

Colic, burning and sensation of bearing down, cold feeling and pulsation in the umbilical region, extending to the sacrum and extremities with tingling.

Colica saturnalis, pain in lower part of abdomen, prevent-ing an upright posture, continual bearing down sensation-continuous strong pulsation in the umbilical region.

Diarrhœa, watery slimy, offensive stools, yellowish, green-ish, painless, involuntary, expelled with great force, with thirst, prostration. *Colliquative diarrhœa* with paralysis of sphincter.

Cholera morbus, collapsed, sunken and distorted features, crawling sensation all over, cold extremities. *Paralysis of the rectum*. *Bleeding from the bowels*, dark coagulated and decomposed blood.

Lienteria, soon after eating, with bearing down pain, yellow, slimy, and undigested stools, and tenesmus.

Urinary organs.—*Ischuria paralytica*. Retention of urine with unsuccessful urging to urinate. Paralysis of sphincter vesicæ. Enuresis in old people. *Hematuria*, black blood. Sediment in urine of a white cheesy nature.

Male genitals.—*Spasmodic retraction of the testicles*, peri-odical, resulting from masturbation with dragging of the spermatic cord as if the testes were drawn to the inguinal ring.

Spermatorrhœa with lumbar pains, tingling in back and extremities.

Female genitals.—After sexual intercourse palpitation of the heart.

Menstrual colic with labor like pains from sacrum to uterine region, bearing down, and tenesmus ani and ovariani; bloating and tenderness of the abdomen, cold extremities, cold perspiration, great prostration.

Menses too profuse, too long lasting, thin black, or black lumpy blood, with strong smell. *Metorrhagia*, passive from an atonic condition of the uterus, black fetid blood, worse from slightest motion, great prostration, tingling in the limbs, climacteric. *Metorrhagia* with large distended abdomen, tenderness and bearing down.

Post-partum hæmorrhage, black coagulated blood, great prostration and weakness, from an exhausted and atonic condition of the uterus.

Leucorrhœa, cream-like, brownish; offensive, from atony. Ulcers on the outer genitals, gangrenous, spreading rapidly.

Pregnancy.—*Puerperal metritis*, hæmorrhage of offensive, decomposed coagula, cold extremities, great prostration. Uterine polypus, hydatids.

Abortus at three months, copious discharge of black blood and labor pains.

Retained placenta, after abortus, thin, foul, blackish discharge.

Cramps in calves, in pregnant women.

Labor pains cease, twitching in muscles commences.

Puerperal convulsions with opisthotonos.

After pains too long and painful.

Lochia, dark, offensive, prolonged bearing down, suppressed lochia, discharge of dark decomposed, fetid, fluid. During the lying-in state, discharge of dark blood on every motion. Prolapsus uteri; retroversion of the uterus. Hydrometra.

Lungs.—*Suffocative catarrh*, asthma from venous congestion, slow pulse, great prostration, cramp-like contraction of the chest, worse from coughing and motion. Hemoptysis.

Heart.—Palpitation after sexual intercourse. Dilatation, with atrophy, contracted intermitting pulse.

Lower limbs.—*Gangrene* of fingers and toes, creeping and tingling in fingers and toes; painful twitching and jerking of single muscles and extremities.

Paraplegia, limbs cold, with cold perspiration; jerking of the limbs.

In general.—Congestion of the blood vessels of the spinal cord, its membranes, tenderness of the spinous processes with stiffness, aggravated by motion, tingling and creeping sensation in the back, extending to the fingers and toes, pressure on the affected parts cause pain extending through the chest, exciting cough, aggravated from any exertion.

Convulsions of spinal and cerebral organs, tonic and clonic, complete anæsthesia, or pricking and tingling sensation all over the body, twisting the head to and fro, contortions of the upper and lower extremities, twitching of single muscles, labored and anxious respiration. Epileptic convulsions. Chorea, neuralgic pains. Lumbago with bearing down pains.

Tetanus with full consciousness, followed by great exhaustion, painful contraction of the flexors.

Paralysis and paraphlegia, convulsive jerks and shocks in the paralyzed limb.

Anæsthesia, formication of the skin, spasms, convulsions.

Purpurea hæmorrhagica, ecchymosis, petechia and miliary eruptions.

Colliquative night sweats.

Frequent yawning, drowsiness, sleep disturbed by frightful dreams and muttering delirium.

Great anguish and restlessness, apathy, melancholia, stupor, mania, with inclination to bite, fear.

Characteristic symptoms are, the formication under the skin; the burning sensation in all parts of the body as from sparks; the hæmorrhagic disposition with great prostration and tendency to dissolution, the depression of all vital action; the cold extremities, yet with an aversion to be covered. Motion, contact, and pressure aggravate the symptoms; fresh air relieves, warmth increases discomfort.—

Minn. Soc. Trans.

Medical News.

Personal.—Dr. G. W. Mitchell's address is Zanesville, Ohio.

Off for the South.—Dr. J. B. Owens, of Lebanon, Ohio, will spend the winter at Mobile, Ala.

S. O. L. Potter, M. D., has we understand, gone back on Homœopathy and entered the regular army as a "regular" surgeon.

Mrs. C. T. Canfield, M. D., has removed to Chicago, and succeeds to the practice of Mrs. S. F. Wisner, M. D., at 244 Lincoln ave., Chicago.

The San Francisco Homœopathic Hospital needs a resident physician. Address Dr. L. A. Ballard, 205 Powell Street, or this office for particulars.

New locations.—There are locations at Dresden, Muskingum county, and New Comerstown, Coshocton county, Ohio. Coshocton is filled by Dr. F. E. Stoaks, and awly filled. No room for any one else there.

A Quarterly Medical Journal.—We have been urged by some of the older members of the profession in different parts of the country to give them a quarterly, re-establish the old *Medical and Surgical Journal*. Some have offered to advance \$10 each to start it. What do our veterian readers say?

Clifford Mitchell, M. D., whose valuable article on Formic acid appears elsewhere in this issue is a skilful chemist. He devotes all his time to medical chemistry, and may be addressed at 296 Erie Street Chicago. Dr. M. has at his command one of the finest laboratories in the northwest.

Dr. Oliver Wendell Holmes, so long professor of Anatomy in the Harvard Medical School, has resigned to devote himself to literature. As his prophetic announcement, forty years ago, of the early demise of Homœopathy failed to come true, he should try again. It should read, "In fifty years all the live men in the profession will be Homœopaths."

Garfield Physicians are allowed by the auditing board sums as follows: Bliss, \$6,500; Agnew and Hamilton, \$5,000 each; Keyburn and Boynton, \$4,000 each, and Edson \$3,000. Very liberal allowances, it must be confessed, and still Bliss is not satisfied. Says a friend: "He killed the president with his blundering surgery, and now wants to clean out the estate."

Procidientia cured by pregnancy.—O. G. Ross, of Revere, Mass., reports a case of procidentia uteri of eight years standing. The lady has been pregnant once or twice, and had always had abortion performed by advice of her physicians. There was every reason to think that the lady was again pregnant; Dr. Ross determined to allow matters to take their course. At the end of four months the uterus was

draws up into the pelvic cavity. The lady was delivered at term and was also cured of the procidentia.—*N. E. Med. Gaz.*

A California Homœopathic Medical College, would seem a necessity and could do well. There are about 200 Homœopathic practitioners west of the Rockies, and hundreds of towns springing up needing more. The emigration to the west of physicians whose failing health demands a milder climate is continuous, but they go to the larger cities leaving the smaller towns unrepresented. A crop of ten to twenty young graduates annually, could find openings in new towns on the coast for many years to come. The clinical facilities afforded by the San Francisco Homœopathic Hospital and Dispensary equal what is utilized in some colleges in the east. A year's post-graduate practice with an older physician would equip the student for successful practice. When able a special course could be taken in one of our eastern colleges.

No Salivation from Amalgam Filling.—I have practiced dentistry thirty-nine years. I never saw a case of salivation produced by amalgam fillings. For the last eight years I have used amalgams constantly, amounting to eight hundred amalgam fillings per year, for the average of those eight years. I have mixed the amalgam in the palm of my left hand for more than nine-tenths of that. I have never had any symptom of the pathological effects of mercury, either local or general. On the contrary, I have had better health than for ten years previous, and the color of my face has changed from paleness to healthy, ruddy glow, and that, too, without the help of "beer, wines, or spirits." All well read physiologists know that *experiments* have demonstrated that very small quantities of mercury increase the number of red blood corpuscles.—*Henry S. Chase, M. D., D. D. S.*

Homœopathy in Cleveland.—It affords me pleasure to present the following authentic reports of the results of our practice in two of the Public Institutions of Cleveland, and the ratio of deaths of the Allopathic and Homœopathic Schools of Medicine for the year 1881. The Cleveland Orphan Asylum, which was for two years under the medical direction of Dr. F. H. Barr, had three epidemics: Scarlet fever, measles and diphtheria. Though malignant in character, all recovered. For the eleven years, I was Surgeon-in-Charge of the Cleveland Workhouse, 11,769 patients were treated, 25,063 prescriptions dispensed. There were 35 deaths. A comparison with the best mortality reports of other Workhouses gives this Institution a ratio of mortality 36 per cent. better than the Detroit Workhouse, and 57 per cent. better than the Allegheny, and 450 per cent. better than the Ohio Penitentiary. For the year 1881 the ratio of deaths in Cleveland to each Allopathic doctor is 16.54, and for each Homœopathic doctor 7.48—a percentage of 121.12 better than the Allopathic School. Of all reported cities, the Homœopathic doctors of Cleveland have the smallest ratio of deaths and the largest percentage over the Allopaths.

H. F. BIGGAR.

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*PLANETARY ATTRACTIONS THE CAUSE
OF CHOLERA AND OTHER EPIDEMICS.*

BY G. E. COGSWELL, M. D., CEDAR RAPIDS, IOWA.

Read before the Central Iowa Homœopathic Medical Society at Marion,
Oct. 18, 1882.

That "coming events cast their shadows before" has become axiomatic and in no sense is this truism more susceptible of proof than in the realm of medicine. How invariably this is may be seen by reading the history of epidemics that have devastated our planet from time to time.

Many of our more prominent writers recognize this preceding or going before. Dr. Smith says: "Epidemics give distinct and unmistakable warnings of their approach." Sydenham observes concurrent symptoms between prevailing diseases and the plague of 1666, even several months prior to the inauguration of the plague proper. Dr. Shipman speaks of the typical diarrhœa calling for the cholera remedy some

eight months before the appearance of the real cholera in Chicago in 1853.

More evidence might be adduced to prove what all admit that every epidemic is preceded by a herald proclaiming its approach, or rather that every epidemic is the legitimate result of a cause and that cause the workings of natural laws.

It is known that nature never makes a leap but progresses by gradual degrees, step by step, then if it can be shown that epidemics are the result of natural cause, we should expect the cause to precede the result and manifest itself by degrees each degree the more positive until it reaches the climax, when it ought to disappear in inverse order.

That this is so, we quote from Dr. T. C. Duncan's address to the World's Homœopathic Convention in which he gives us the experience of many eminent members of the profession who have noticed the same. He says: "It is a very singular fact that both in middle ages as well as in modern times the lesser epidemic has generally preceded and pre-announced the coming of the greater."

Southworth Smith says, prior to 1833, fevers in London for a long series of years had essentially been an acute inflammatory disease, but six months prior to the cholera epidemic the fevers ceased to be inflammatory, and became a disease of debility.

Dr. Hennon speaks of the greater frequency of sudden deaths, some five or six years prior to the plague of 1813, and especially did they increase to an alarming extent for the twelve months preceding so much as to excite public alarm. Duncan tells us that in February 1873, an epidemic of influenza prevailed in Chicago for which Arsenic was almost the universal remedy. Cholera was coming a few months later, and we felt its influence at work even then. Hahnemann in January 1798, records a mild epidemic fever of a remittent type. In March of the same year it had changed and assumed a different character, and in April it had still further changed so that now it was an influenza of a severe type.

Again how often it is noticed, that severe epidemics seem to return in cycles and especially is this true of cholera and the plague of the world. These cycles may have no continuous line of march from one country to another, but rather at times to pass over certain localities leaving them exempt and to attack certain other places very violently. Again the general course of cholera and like epidemics seems to be in a north-west direction, during the first part of the period increasing in severity when after reaching its height to diminish towards the south.

This of course is only a general outline. Again it is noticed that at certain times this cholera as epidemic wave, travels with great rapidity spreading over a vast territory in a very short time, at other times it moves more slowly and may not during the whole cycle affect but a part of the general field. This influence at times produces the much dreaded cholera or plague, at other times it seems to be modified somewhat, and we have a lesser epidemic as scarlet fever, small-pox, typhoid fever or diphtheria.

This influence, for we must call it a something and until we can more clearly define it, we will use the word influence as referring to that cause the results of which we are now studying. This influence as Drs. Woodard, Grauvogl, and even the great master Hahnemann, assert calls for one remedy at one epidemic and some other at a later period to such an extent that the great Rademacher found by careful observation, that the so-called stationary epidemic constitution (i. e. influence) changed so that now Cuprum, then Iron or Natrum nit. were the universal remedies.

Hahnemann speaks of the action of the epidemic constitution upon the three chronic diseases, and Grauvogl tells us that Rademacher's three remedies correspond to Hahnemann's three chronic diseases which he renamed, Oxygenoid, Hydrogenoid, and Carbo-nitrogen, that those of one class were most affected during one epidemic and those of another class during another epidemic.

Again Duncan says, "from Hahnemann's experience and that of others we infer that the epidemic constitution changes

every year." All these learned observations and opinions lead to the certain conclusion that there is as yet an undiscovered potent cause which if understood might enable us to more clearly and intelligently equip ourselves for the struggle against this unseen foe.

This underlying cause as given by some writers may be briefly stated as being the interrupting or interference of the straight electric lines of attraction reciprocating between the earth, the sun, and the various solar planets.

Dr. Knapp, of Mexico, attributes the cause to the electric agitation produced by the large planets Jupiter and Saturn, at their perihelion passages. He says, "I charge the malign cosmical influence, excessive evils, excessive heat, excessive draughts, and other inharmonies of bad weather that destroy crops and fruits and inaugurate famines and epidemics to planetary attraction which pestilential periods always coincide with the perihelion passages of Jupiter and Saturn."

Now we find that Dr. Knapp had but part of the truth. It is undoubtedly true that both Jupiter and Saturn exert their greatest influence on the earth at their perihelion passages, yet this influence may be modified to a very great degree by the positions of the other planets. Hence the cause assigned by Dr. Knapp is at times insufficient to account for all the terrestrial disturbances.

In examining the position that all the large planets have assumed at the various cholera or epidemic periods that have visited the earth in the past two hundred years, we find this true that coincident with these epidemic wanes we have the perihelion passage of one or more of the great planets and the opposition or inferior or superior conjunctions of some of the other planets. And that coinciding with an excess or lack of planetary phenomena we are more likely to have the epidemic of greater or less virulency.

Dr. Mansill says that the exciting cause of the various epidemics is the rapid fluctuations of the electric currents existing between planetary bodies at the times of their perihelion and opposition passages and especially is this true if the peculiar planetary positions occur in early summer and

continue during the heated term; that fluctuation in the electric currents arise from the fact that each planet goes through a reversed change of volume, motion and density at each perihelion and aphelion passage.

The most prolific source of these currents of electricity is of course the sun, but the other planets also furnish a limited amount of attraction from the earth, sun and other planets, according to their position.

While the planets are passing from perihelion to aphelion they part with accumulated electricity and absorb it again while going from aphelion to perihelion. At their opposition their attraction interferes with the direct lines of the earth thus creating electric agitations. These agitations interfere with organic life in proportion to their magnitude and hence we may divide this electric influence on the animal and vegetable kingdom into different degrees. If we take four divisions we will find the first or most intense to be marked by sudden deaths, sunstrokes, etc., the second by cholera and enervations, the third, yellow and other malignant fevers, the fourth, intermittent, and other indolent diseases.

These troubles are more likely to occur about the time of perihelions, aphelions oppositions, superior and inferior conjunctions of the planets, and also at times of unusual groupings of the planets, and while the earth is traveling the long arcs in its orbit without any of the above conditions.

Of the first degree, sunstrokes occur about the time one or more of the principal planets arrives at a point within fifteen degrees of their opposition or inferior conjunction or this distance before reaching the same celestial longitude as that of the earth, and terminating very soon after reaching their oppositions or inferior conjunctions during the summer months.

The worst cholera epidemics occur under the above conditions and continue a longer time. Yellow and other malignant fevers of the southern and adjoining states is most liable to appear after the planets have reached their perihelion and inferior conjunctions during the summer months.

Slow fevers, intermittents, remittents and bilious fevers

and other diseases closely allied, generally occur when the earth is traveling long arcs in its orbit without oppositions or inferior conjunctions.

Eruptive diseases, small-pox, scarlet fever and measles and epidemics of sudden attack and short duration generally occur under the influence of a single planet being in opposition or inferior conjunctions.

Again Dr. Mansill says: "Cholera appears to be subject to occur under a fair atmosphere and a strong steady electric force which is produced at or about the times of opposition and inferior conjunction and at the time when this force is strengthened by the perihelion passage of the planet. Therefore an excess of violent exercise at these times causes the hydro-carbon of the blood to become exhausted which produces thirst from which the consumption of large quantities of fluids dilute the contents of the stomach and the blood of the system. This of course relaxes the muscles and tissues of the human physical structures from which sets in a process of decomposition or disorganization resulting in cholera or some other kindred disease unless the process is arrested. This would be Grauvogl's oxygenoid constitution.

Yellow fever generally commences about the time the planets are leaving their opposition or inferior conjunctions, when there is a great amount of gas exhalations and watery vapors in the air caused by a want or lack of this stronger electric force which is necessary to dispel them. This coincides with Grauvogl's hydrogenoid constitution.

The slow fevers occur when the earth is passing long arcs in its orbit without opposition superior or inferior conjunctions of perihelion or aphelion, the sun seems to be rendered unable to perform its proper functions on the earth. At these times the electric and solar action on the earth is too feeble and a lack of the oxygenoid and an excess of carbonic acid gas or carbo-nitrogenoid constitution of Grauvogl or common malaria of our western swamps.

Now it must be borne in mind that it is the amount of reciprocating electric force produced by the planets that regulates the amount of chemical change on the earth's sur-

face, and this determines the quality and quantity of vegetable and animal products that are produced or decomposed in the different localities which may be formulated as follows: The various forms of animal and vegetable products are according to the season of the year and the seasons of the year are according to the position of the planets, and hence in a study of this matter they all must be taken into consideration, for it is only by taking the whole as a complex do we gain a comprehensive view of the underlying cause.

It is frequently said that diseases are constantly changing and we accept the fact without defining the cause. Dr. A. W. Woodard says: "Not only do the objective symptoms of the various disorders change from time to time under the influence of the epidemic diathesis, but as far as can be learned from the records the pathology itself was also changed. Small-pox never presents the same disorganizations in any two epidemic periods. Neither were the concomitants of measles every time identical. Pneumonias were frequently termed bastard owing to their departure from established types." He further says: "The point I wish to make is that while most of us have abandoned the idea of a fixed treatment for any given disease, we still hold to the erroneous opinion that the pathology remains the same. Now the pathology is changed only because the primary exciting cause is changed."

It is a medical axiom, that if we remove the cause the disease will leave also. If then we thoroughly understand the cause of these epidemics and may know when to expect them we have made one decided advance step in medical knowledge. Now this one underlying cause is the peculiar positions of the planets at certain times and seasons resulting in electric agitations on the earth.

For the sake of illustrating, let us look at the history of cholera as it had appeared in the various epidemics, and for much of the following data I am indebted to Dr. Mansill.

The maximum amount of cholera fatality seems to have been produced by an excess of planetary electricity moving or lingering over terrestrial vicinities endeavoring to regu-

late or balance up irregularities of density on the earth, which fluctuations are produced by the planets when passing perihelions, aphelions inferior conjunctions or oppositions. It is most severe when these are most numerous in the heated term.

Each of the maximum years of cholera in modern times appears to have coincided with either Jupiter's or Saturn's opposition in the summer rather than their perihelion passage, and these may have been intensified at times by the perihelion of Mercury and Venus and their inferior conjunction and likewise by the perihelion and opposition of Mars. Saturn's aphelion point is so located that for its opposition to have coincidence in the summer with its aphelion, must occur about June 20th, hence Saturn has its slowest motion while passing its opposition in the summer so its electric effect in producing cholera is mild to what it would be were its perihelion and aphelion transposed. Jupiter's opposition and perihelion passages to have coincidence, must occur about October 1st, therefore Jupiter's motion and electric effect is increasing for three or four years previous to reaching its perihelion or its fastest and increasing motion occurs during the summer time, through that part of its orbit which it passes its opposition before arriving at its perihelion, hence its electric effect is very powerful at these times.

Cholera years or periods coinciding with Jupiter's opposition and perihelion occur about four times during each orbital revolution, or three or four years out of every twelve it takes that planet to make one revolution around the sun. Jupiter passes its opposition about one month later each year. So if we commence with its perihelion point in October, when its opposition is identical the year prior its opposition will be September 1st; the second, year before August 1st; the third prior to July 1st; and the fourth, before June 1st or four years that Jupiter would pass its opposition in the heated part of the year. After reaching its perihelion and opposition in October it usually terminates severe cholera or other epidemics dependent on strong electric currents, (i. e.) its

influences is not so deleterious during the cooler and cold months in northern latitudes.

The following are the years which cholera and other epidemics have made their excursion on our planets. I give them in groups the first representing Jupiter's opposition in the early summer, the last in each series also Jupiter's perihelion and opposition as being coincident in October.

1758	1759	1760	1761
1770	1771	1772	1773
1782	1783	1784	1785
1794	1795	1796	1797
1806	1807	1808	1809
1818	1819	1820	1821
1830	1831	1832	1833
1842	1843	1844	1845
1853	1854	1855	1856
1865	1866	1867	1868
1877	1878	1879	1880

Cholera and other epidemics appears to be more confined to India and southern latitudes the years that Jupiter passes its perihelion, while other years that its opposition occurs in summer it ranges farther north.

By taking ten periods or a part of the time of each of Jupiter's orbital revolution, say from 1760 to 1880, and taking that part of each period in which its opposition occurs in the summer season, commencing with June, and being one month later until it passes its perihelion, (i. e.) four years we find we have had cholera thirty years out of forty, that is, we have had cholera twenty-four years in the periods and six out of the periods.

Those in the periods were:

1760				
1773				
1785				
1797				
1809				
1817	1818	1819	1820	1821
1829	1830	1831	1832	1833
1845	1854	1855	1856	
1865	1866	1867	1868	

Those out of the periods were, 1823 1826 1848 1849 1850 and 1873.

Cholera did not appear in 1842, 1843, 1844, but both Saturn and Uranus passed their aphelions in the latter part of 1841, and their slow motions probably modified the intense effect of Jupiter's perihelion in 1845. Now cholera and other epidemics have occurred once or twice at other times than according to the above periods and it may not be amiss to understand why. The year 1873 was perhaps the most remarkable. According to Dr. Knapp's and Dr. Jenks theory, we should have been exempt from cholera in that year for neither Jupiter nor Saturn were in perihelion that year, yet cholera was very severe in many parts of the world.

In Hungary, out of 433,293 cases, 182,547 died, while in this country it was quite widespread. Dr. Duncan says that many physicians would not believe that this country was visited by cholera in 1873, because the stools were chiefly bilious instead of rice water character. The reports from various cities and towns chiefly in the southern states published by order of congress makes a large octave volume. The epidemic reached Memphis in May, and was followed in July by an epidemic of inflammatory dysentery.

Dr. Ely McClelland says: It first appeared in New Orleans in February 9th, and prevailed in that city during March and April, commenced to move north about May 1st, appearing in Memphis, May 25th reaching Nashville, June 21st, and Cincinnati the 15th. On the 20th of June we find three deaths at St. Louis Mo., and Cario, Ill. On July 1st reports of death from cholera at Chattanooga, Tenn., Paducah, Ky., and Columbus, O.

On July 15th death from cholera at Millarsburg, Owensburg, and other towns in Ky., Mt. Vernon Ind., at Indian creek, Carmi, and Mt. Carmel, Ill., at Wheeling, Va., Indianapolis, Ind., and many other places in Illinois, Iowa, Mo., Indiana, Ohio, Penn., Tenn., Ky., and Va. At Davenport Iowa, four cases said to have been imported, but two were of genuine sporadic cholera, in all there was not far from 3,890 deaths from the cholera epidemic in the United

States. Why should it rage so furious and not at the periods if Dr. Knapp's theory of Jupiter's perihelion be the one exciting cause.

The epidemic of 1873 seemed to be the result of an unusual grouping of the planets during the early summer, while it is true that neither Jupiter or Saturn were in perihelion during the year yet we find other phenomena equally as potent Venus was in perihelion May 1st, Mercury the 12th, also in inferior conjunction with the sun. April 5th, Mars in opposition April 27th. Venus in inferior conjunction May 5th, Mercury again in perihelion June 8th.

These planetary phenomena were in progress as the cholera was in operation at New Orleans, and working its way north to Memphis and other places, hence the year 1873 was one of long continued electric activity on the earth's surface.

Thus we find that cholera and other epidemic wanes coincide with the position of the planets, and by a knowledge of their future positions we may be able to determine to a considerable degree of certainty the times when these great epidemics are more likely to occur.

TREATMENT OF THE TYPHOID SYMPTOMS VS. TYPHOID FEVER.

BY J. B. OWENS, M. D. LEBANON, OHIO.

Read before the Homœopathic Medical Society of Ohio, May, 1882.

MR. PRESIDENT, LADIES AND GENTLEMEN: Our time being limited to fifteen minutes, we will proceed to offer a few thoughts upon this subject without preliminaries.

Typhoid fever has different forms, each varying in intensity according to different systems, constitutions, modes of life and habits of the patient, also by surrounding influences, localities, epidemics, seasons, and many other predisposing and exciting causes which are productive of this, by many, most dreaded disease. It is usually divided by our authors into three forms, viz. Typhoid cerebriasis, typhoid pulmon-

alis, and typhoid abdominalis or versatile, stupid and putrid forms.

It is not our province in this brief sketch to discuss the pathology of this disease, neither its varied forms. But how do we know it is typhoid fever? and from what do we conclude that it has either of the above, or any other particular form. Did the patient tell us so? No. Was some kind messenger dispatched from heaven to inform us? By no means. How then we ask? We answer, by the symptoms which the disease has developed in the patient, and by which we detect it from any other form of disease, and are enabled to trace out all the changes and variations to which it subjects our patient.

By the symptoms then we are able to diagnose it, typhoid fever. By the symptoms we are able to locate the greater points of danger. By the symptoms we are able to watch and follow the disease in its varied changes and prognose the case better or worse. The symptoms then are our great *Polar* star from and by which we must make all our reckoning.

If the symptoms then be our guide in making our diagnosis and prognosis in the beginning, why shall we not so regard them and follow them in every change and variation and in every stage of the disease?

Sir Isaac Newton discovered the power of gravitation by the falling of an apple from a tree. Dr. Franklin tamed the lightning, brought it from the heavens and called it electricity, but Prof. Morse taught it the English language, and now it is talking throughout the civilized world. *But far greater than all these was the immortal Hahnemann when he discovered the power of similia.* The power or influence which the drug has over and the action it will produce in the healthy organism, thus clearly showing to the world the similia existing between the sick making properties of the drug and those of the disease. Hence by giving the remedy whose sick making properties produce symptoms like those we find in our patient we are administering the simillimum according to this *great law*. There are certain remedies then whose sick making properties correspond to the sick making

symptoms which we find in typhoid fever, but our limited time will only allow us to refer briefly to a few.

Aconite has fever and is usually given in fevers, but seldom is its use required in typhoid fever for it has not the sick-making properties of this disease.

Arsenicum has many sick making properties of this disease which we designate.

Symptoms. — In slow protracted cases, great restlessness and anxiety, constantly tossing about, especially of the head and limbs while the trunk lays still, is better from changing position, anxious expression of countenance, great thirst, drinks but little and often. Aggravation at 1 A. M., and from laying on the affected parts.

Bryonia has delirium, especially at night, or soon as he closes his eyes, talking about his business or the business of the day, hasty speech, headache, dull stitching or *bursting* headache and wants to drink large draughts of water. Aggravation in the evening at 9 P. M., can't sit up, when he is raised up is faint, is better when lying on the painful side.

Belladonna, patient is boisterous, restless and cannot go to sleep, all his motions are quick and nervous, sparkling eyes, burning heat, great heat in the head, red face, hands and feet cold, heaviness of the tongue, mouth and throat dry, *splitting* headache. Aggravation from 4 to 8 P. M., from noise, moving and bright lights.

Stramonium wants the light burning, calls for his friends who are at his bed side but does not know them.

Baptisia has dark red face, *besotted* expression, thinks he is scattered about and wants to get the pieces together.

Take then these remedies and let us individualize and compare some of their most prominent *symptoms*, for instance: *Arsenicum*, patient calls for small drinks of water and often. *Bryonia*, patient wants large drinks of water. *Arsenicum*, patient is worse after midnight at 1 A. M. *Bryonia*, patient is worse at 9 P. M. or before midnight. *Arsenicum*, patient is weak feeble and trembling, and all the time tossing his hands and limbs for relief while the body lays still. *Bryonia*, patient is worse from motion, cannot be moved. *Rhus*,

patient moves the whole body and is relieved, thus differing both from *Arsenicum* and *Bryonia*. *Belladonna*, patient is worse from noise, from motion and from bright lights, also differing from *Arsenicum* and *Bryonia*. The movements of *Belladonna* are quick, while *Bryonia* is slow and *Arsenicum* is weak and trembling. *Belladonna* patient has hot head, red face, and sparkling eyes, cannot sleep, while *Arsenicum* has pale and sallow face, anxious expression, *dry leathery* skin. *Bryonia*, patient has flushed face, stupid expression, worse on raising up and wants to be quiet. *Belladonna*, patient wants a dark room, *cannot bear the light*, furious delirium, will strike and bite at those who are near. *Stramonium*, *must have the light burning*, and wants company. *Cannot be alone*. *Hyoscyamus* does not know his own family, wants to be naked, must have his clothes off, and wants to run away. *Baptisia*, has *dark red face besotted expression*, thinks he is scattered about and wants to get the pieces together, thus differing from any or either of the above remedies.

You will observe from a careful comparison of the above symptoms that they are opposite and not similars. So in like manner we may proceed to individualize and compare all the symptoms of these remedies, or if you please take the entire list of the proven remedies, and individualize their symptoms you will find in many cases that a primary symptom of one remedy will become a secondary symptom of another or a secondary symptom of the first may become a primary symptom of the second and so on *vice versa*, but in all cases the *totality or simillimum of the symptoms should be our guide in prescribing for the sick*. If then we find the simillimum in *Arsenicum*, why give *Bryonia* with it when the symptoms are so opposite? Or if the simillimum be in *Bryonia*, why shall *Belladonna* be given with it? When there is not a similia existing between the sick making properties of the two remedies, or if the simillimum be in *Belladonna*, would we for a moment think of giving *Stramonium*, *Hyoscyamus* or *Baptisia* with it; when their sick making properties are almost in direct opposition to the

simillimum. If then the principal or theory of similia be true, which we verily believe it is, then there can be but one simillimum in the same case and at the same time.

If then Belladonna contains the simillimum and we give Bryonia or any other remedy with it, do we not introduce into the system of our patient a new and separate disease, separate and distinct from the original simillimum, and is not this being continually augmented by each additional remedy or change of remedy unless that change be made strictly in accordance with some well marked and well defined characteristic indication.

Suppose then that your typhoid patient has had Aconite, Arsenicum, Belladonna, Bryonia, Rhus and a few more remedies, every hour or half hour in alternation or succession as is often the case. Say from twelve to fourteen days if he lives that long—has not each of these remedies exercised their sick making properties upon your patient and each comingling has helped to prostrate the vital forces of nature, and brought up new and other more complicated conditions to be met. The physician sees the case is becoming complicated with more alarming symptoms every day. Cerebral symptoms may have set in or a pulmonary trouble may threaten a hasty dissolution. Diarrhœa, hæmorrhage from the bowels and almost any aggravated form of the disease might be anticipated at this stage.

● But what has complicated it? Is it not a great measure if not entirely from the continued and persistent introduction into the system of your patient, new and different sick-making properties than those demanded by the simillimum? And yes, with all you have not now one single characteristic symptom left that would lead to a simillimum, but like a vessel at sea, tossed by the *tides*, *winds* and *waves*, without either compass, helm or anchor.

With this heroic medication which we may call treating typhoid fever on general principles or by name, the complications become greater and greater day by day, until the vital forces of nature must finally succumb to the combined action of these powerful agents upon the cerebro-spinal and

vegetative nervous systems, when the physician will see that death must be the inevitable result. After many years of close investigation with careful study and observation of this disease, in its varied forms and changes, I firmly believe that there are more patients die in the hands of Homœopathic physicians, under this *so-called* Homœopathic treatment, than from any other one cause in following the natural course of this disease. Not so when we can read the symptom and know each and every change as it occurs, and are able to apply the *simillimum* in the case, thus allowing one remedy to exhaust its effects or to remove its own sick making symptom from the patient before those of another shall become manifest. By so doing each remedy must have due time to act before being disturbed by the introduction of another remedy. Thus each individual remedy which has its own individual characteristic symptoms or sick making properties, and each successive characteristic indication, shall from time to time be allowed to call for its own individual *simillimum*.

It is then of the highest importance that the physician should make himself thoroughly acquainted with the sick making properties of each and every remedy, so that when he sees these symptoms as they develop in his patient he will be able readily to call to mind the characteristic indications for the *simillimum*.

By thus treating our typhoid patients according to this great law, and let the *so-called* typhoid fever take care of itself, we will soon expel from the minds of our patients and their friends the dread and horror of this disease, relieve our own minds of anxiety, avoid dreaded complications, see our patients passing smoothly and quietly from one stage to another and to final and happy convalescence. We say then treat the symptoms according to the *similia* and let the *so-called* typhoid fever take care of itself.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

NORFOLK, Neb., Nov. 14th.—Prevailing diseases are diphtheria, bronchitis, and pleurisy. Remedies used; (1) Belladonna 3x, Mercurius bin. 2x, Kali bich. 5x; (2) Aconitum 3x, Belladonna 3x, Drosera 3x, Sulphurius 12x, 30x; (3) Aconitum 3x, Arnica 3x, Bryonia 3x, 5x, Sulphur 30x. The people here are largely of German descent, and take well to Homœopathy.

A. L. MACOMBER.

GRUNDY CENTER, Iowa, Dec. 8.—We are having scarlet fever mostly of the anginose form, calling for Bell., Apis, Phyto. or Merc. proto. Two cases of malignant form with rough, papular eruptions, dark colored, high temperature, rapid pulse (160), made rapid recovery on Ailanthus and China ars. Catarrhal sore throats were all the rage for November.

J. D. BURNS.

HASTINGS Mich., Dec. 1st.—Some diphtheria here now, however it is confined to one family, of six in number. All have had it except the father. One little girl four years old died, the other members of the family are convalescing under Homœopathic treatment administered by Dr. Lathrop. We also have eight cases of regular old fashioned idiopathic typhoid fever in the city all confined to one house. One year ago the same house was occupied by a different family eight in number. All had diphtheria with a mortality of three under Allopathic treatment. Dr. Lathrop sent a specimen of the water with which this house is supplied to Ann Arbor for analysis, with the following reply:

“Dear doctor: The specimen of water you sent to me I have just examined in connection with Prof. Wilson. The chemical test with Permanganate of Potassium shows the presence of organic matter in quantity. The microscope shows infusoria in which we saw vorticella and bacteria. The general conclusion is that the water is unfit for use, and likely to cause disease.

W. P. POLHEMUS.”

We propose having an analysis of the water used by the family, which diphtheria is now scourging in hope to get some clew to the cause of the disease.

I. DEVER.

A LAY OPINION.

I sent Dr. Clemmer's article on "High Potencies," together with one by Dr. H. M. Paine on the same subject, to a gentleman of this city, who has had considerable experience with Homœopathy, both in his own person and in the careful observation of friends and acquaintances under its treatment, in this country and abroad. He has also no small knowledge of our literature.

Thinking a brief "lay" opinion might interest your readers, I send you the following extract from his note accompanying the return of the papers: B. H. CHENEY.

NEW HAVEN, Ct.—"Who shall decide when doctors disagree?' I am glad to know something of the discussion going on. They are in the right direction, for a wholesome pressure will be put upon the pharmacies, and more careful attention will be given by practitioners to the results of their medicine.

"The microscope will not affect my confidence in high dilutions, for I *know*, in a very small round of experience, what they have done for me, and for a few persons,—facts, not coincidences. Dr. Clemmer, while so sceptical about the affects of medicine, which neither he nor any one else can comprehend, will go on, and use drugs, and cure patients, and will soon 'cool his coppers' and do good.

"'Take a little rum, the less you take the better,' is a formula of absurdity, but the practice of 'infinitesimals' will hold its own for beneficial results, until there is a new revelation.

"Thanking you for these papers, I am Yours truly,"

NOTES FROM PRACTICE.

TUMOR ON THE TONGUE.

The tumor of which I wrote you in my article previous, is not now to be found on the gentleman's tongue, nor is there any trace of its existence left. I gave Merc. binio 2x twice per day, the tumor was a little over half inch long, looked like filled with grayish blood. Seemed somewhat

tense; was partially erect (being on top and base angle of tongue,) annoying the patient in eating, wished me to excise it. I had used Merc. binio. before in similar troubles, and it has not failed me yet.

I think it will be a good thing if you will send us *THE "INVESTIGATOR" weekly* for \$3, besides it will be a grand treat to the profession I will be over-pleased with it.

I have controlled a condition of cardiac trouble, with Digitalis 3d dilution, pulse remittent, third to fifth beat, ran forty to minute for a while. Spells of darkness before eyes, recovered in six to eight days, was under Allopathic treatment.

Item. Lady near here took a dose of Num vom. cc, and *discharged* four regular scientific physicians. She obtained immediate relief.—*Vide Medical Brief*, page 553, vol. X no 12.

O. J. LYON.

STICK TO HOMŒOPATHY.

MR. EDITOR: You ask for suggestions regarding a weekly issue of *THE INVESTIGATOR* for 1883—for which I would say: If your journal can be issued weekly and maintain its present standing, I would value it all the more for its frequent visits. But if by overcrowded work or from any other cause it should depreciate, then I would say, leave it as it is. I am always glad to see *THE INVESTIGATOR*. It generally contains good reading matter, as well as practical information and sound principles. I have just been particularly interested in reading an address by C. Pearsons, M. D., "The Duties of the Hour," in your issue of Oct. 15, 1882. It smacks of the true Hahnemannian spirit, and would that our school could boast of more such men. While every Homœopath physician believes firmly in the principle that dominate the school, but few, comparatively, live up to it in practice, but are too prone to fall into the errors of the Old School, simply, I presume, because of its routine and easier method of practice. I believe in relieving your patient, while suffering pain, in any way that will not lessen the

chances for a final cure—then when once easy and comfortable, educate him to, and cure him by the law of similia; by this method you will have a convert who will always cling to you. An article in this same issue, “Modern Therapeutics,” by J. W. Clemmer, M. D., pictures out plainly the attitude of the modern Allopath. He is an improvement on former times but no credit to himself. The Homœopaths are leading the people and the people are hauling up the Allopaths. Thus is the people the connecting link between the two great factions in medicine. And just in proportion as we educate the people in the true principles that govern our school, in that proportion will Homœopathy grow, and the Allopath be compelled—despite his prejudices—to take a stand on the side of truth. Individually we may err in practice, but the Homœopathic law is not at fault—it is our inability to select the simillimum according to that grand law of cure—consequently I can excuse or sympathize with a physician who does the best he can, whatever that may be, in an emergency. But no excuse—as I can see—for our journals and colleges publishing articles and recommending journals and text-books which they know to be foreign to the true principles—as held by Homœopaths—of scientific medicine. I wonder that more students do not cry out “what is the reason,” as some have already done in *THE INVESTIGATOR*. If our works on materia medica and theory and practice are not a thousand times better—as every Homœopath knows—or even so good as theirs, for Heaven’s sake, will some one please write some suited to the colleges. I cannot help but respect most the journal and college that clings strongest to the Homœopathic banner, and lauds in the highest terms—as he richly merits—its founder, Samuel Hahnemann—the greatest man in medical lore of his or any age. As some one has suggested, what more creditable or deserving a thing could the Homœopathic profession do, than to erect a grand and glorious monument at some suitable point in this country, to his memory; thus demonstrating to the public our pride and respect for him. I would donate an “X” to the cause; yea more.

T. E. REED.

TYPHYLITIS.

BY J. W. CLEMMER, M. D., COLUMBUS, OHIO.

Read before the Central Ohio Homoeopathic Medical Society September, 1882.

Anatomically and pathologically considered there occur in the ileo-cæcal region three distinct diseases, which, however, involving each other as they do in their course and termination, may be considered essentially as one disease. These three diseases are typhlitis, peri-typhlitis and inflammation of the appendix vermiformis. The symptoms of these diseases are so interwoven that it is well nigh impossible to render a differential diagnosis ante-mortem.

Inflammation of the appendix is usually the result of incarcerated foreign bodies, as cherry stones and the like. Perforation of the appendix generally takes place into the abdominal cavity, causing fatal peritonitis. It may take place into the sub-cæcal connective tissue and cause a peri-typhlitic abscess, Flint observes where perforation took into place the bladder and established a fistulous communication of twenty years standing.

It is well to remember the fact that the cæcum is only partially covered by the peritoneum. This explains why some cases suddenly terminate in peritonitis, while others result in extensive suppuration of the cellular tissue, formation of abscesses and fistulous communication.

As a rule inflammation in this region begins with the cæcum. From thence it is apt to spread to the adjacent cellular tissue and extend a short distance up to the colon.

Peri-typhlitis is due to typhlitis unless traumatic. In the majority of instances cæcitis is the primary disease. Inflammatory infiltration may extend to the cellular tissue and result in peri-typhlitic abscess. This process may be attended by local peritonitis and adhesions. If the inflammation is sufficiently active liquifaction and ulceration result in perforation. Should this take place into the part covered by peritoneum, or what is the same thing, into the abdominal cavity, death follows diffuse peritonitis. If the perforation takes place into that portion not covered by peritoneum,

the contents of the bowels escape into the surrounding tissues, causing either diffuse or circumscribed inflammation. In case of diffuse inflammation the process may extend more or less over the abdominal wall, causing swelling and pitting as in œdema, with a feeling of crepitation due to the presence of intestinal gas. This condition would presage an unfavorable termination. If the inflammation is circumscribed the result is a fœcal abscess. Such an abscess breaking externally permits the gas and fœcal matter to escape and fistulous communication with the gut is established.

A fœcal abscess may also break into the surrounding viscera or into the peritoneal cavity. You will notice there are many possible terminations. Prognosis should be guarded as it is impossible to predicate the result of a given case. It may suddenly end in peritonitis, or it may only succumb to chronic suppuration after months of suffering.

Typhlitis is not limited to any age or sex. It may be secondary or primary. Idiopathic cases generally occur in young subjects. Occurring later in life it is more likely to be due to the impaction of fœces. This variety is called typhlitis stercoralis.

The etiology of the disease is not always evident. Inflammation of the female reproductive organs, especially oophoritis, may give rise to it. Ulceration along the intestinal canal incident to phthisis is a cause of the disease in rare instances. Cold, severe injury and over exertion stand in a causative relation to the disease. The peculiar anatomical formation of the cœcum undoubtedly predisposes to disease in this region. You will remember that this is the most likely seat of intussusception, as well as the location of important symptoms in typhoid fever. The peristaltic action of the cœcum and ascending colon contends with a long column of fœcal matter in direct opposition to gravity. At no other point along the alimentary canal does this condition obtain. It is natural to suppose that this part of the intestinal tract is first to suffer a loss of tonicity. Enervation is followed by constipation. The continued presence of fœces induces, at least is attended by morbid mucous secre-

tion, and constipation is followed by impaction. This condition is the most potent and frequent cause of the disease.

As I desire to call special attention to typhlitis stercoralis with observations of a typical case of this variety treated several years ago, I will further detail some of the etiological factors and conditions as they occurred to me while studying the nature of the disease from a practical standpoint.

My observations have lead me to suspect that the impaction of fæces involves something more than the name implies. The bowels in some instances is not only filled with excrement, but is distended by it. In no other way could I account for the vast quantity of fæcal dejection that I have witnessed.

I argue from analogy. It is well known that the constant irritation of circular muscular fibres by the presence of a hardened body will finally overcome muscular tonicity, and dilatation is the result. Fæcal matter pressing down upon the sphincter ani will, sooner or later, from prolonged irritation, produced dilatation in opposition to the strongest will power. The presence of a sponge tent or a cloth in the os uteri will finally overcome those circular fibres. The analogy may not be complete. The presence of fæcal matter is the very thing that excites the peristaltic action. But suppose from some cause the bowels are habitually constipated, and from a lack of intestinal juices the fæces become hard and dry, the peristaltic action laboring with futile effort, naturally weakens and is lost. What is the result. The presence of hardened fæces affords constant irritation to the circular fibres, which finally become weakened and semi-paralyzed. Distention of the bowels now becomes easy, and this in turn admits of redouble accumulation and impaction. This condition, if not relieved, is apt sooner or later to induce inflammation. In this way typhlitis stercoralis is developed.

It is of great importance to recognize this variety of typhlitis in its incipency in order to ward off impending danger and perhaps death itself by proper treatment. The symp-

toms are so insidious in the forming stage that you will have to be on the *qui vive* in order to understand the nature of the disease. The forming stage may be the work of months. During this time the patient is troubled with constipation; dry, hard, scanty stools; loss of appetite, borborygmi; bloated abdomen, general indisposition and the like. At times these symptoms exacerbate and the patient is confined to his bed. The symptoms become more alarming at each exacerbation. He now suffers more or less abdominal pain, eructations and bilious vomiting. He is likely to be treated for a bilious attack. There may be slight febrile movements, and if the patient is carefully examined, tenderness and perhaps slight swelling are noticed over the cæcum. There may again be a remission, but ere long he is taken down very suddenly with all the severity of a fully developed typhlitis. These symptoms portray the history of my case up to the time I was first called, when the patient was seized suddenly with the symptoms of violent inflammation. The physician in attendance before me failed to detect the nature of the disease—a failure easy to make.

In other varieties these precursory symptoms are not present. The symptoms usually found to attend an acute attack are noticed as the common symptoms of all varieties. Without any forewarning the patient is suddenly seized with severe colicky pains through the abdomen. The abdomen is distended and tender to the touch. Pulse and temperature are elevated. Urine is suppressed for a time. The appetite is lost; anxiety and prostration are marked from the first; bowels constipated, eructations, hiccup and vomiting soon follow in the train of symptoms. In a day or two the abdominal pain and tenderness are confined to the region of the ileum. At this locality there will be noticed a swelling of considerable size.

The tumor may be confined to the inguinal region or extend up the course of the ascending colon. Other symptoms that may attend the disease are indistinct pains in the right leg due to pressure of the tumor upon the nerves. The same pressure upon the blood vessels may cause œdema of

the limb. Extension of the leg, by putting the muscles upon the stretch, is apt to give pain at the seat of inflammation. On account of the tenderness, the patient is likely to lie on his back. When exudation is complete the acute pain and tenderness subside. The constitutional symptoms are not modified in the least on this account. Rigors and chills would indicate suppuration. The absence of these symptoms, however, is not proof against the evidence of pus. In favorable cases the effusion is absorbed. Suppuration occurs oftener. Absorption is a slow process. The disease, even when this favorable event occurs, runs for weeks. Recovery is necessarily very slow. If exudation goes on to suppuration the pus seeks the surface or discharges internally. It may gravitate to the groin and make its exit about the hip or thigh, and establish a fistulous opening, or it may seek the surface through the abdominal walls. These events are foreshadowed by redness and tumefaction. These exits are favorable, but the fistulæ thus established are often slow to heal. Suppuration may not stop here. The fistulous channels may excite chronic suppuration of adjacent bones and other structures.

I wish here to step aside to notice the interesting features of my case. For the most part the symptoms just described were those of my patient. He was about fifty years old. This was his first sickness. Previous health quite good. Hiccough continued the first ten days causing much distress and loss of sleep. After this it cropped out at irregular times, but was not especially troublesome. Bilious vomiting or regurgitation was a very prominent and persistent symptom. There was little or no nausea with this. The attacks would come on with little fore-warning, and all he complained of was that "it was so bitter." The vast quantities of bilious matter thrown off daily were truly surprising. No doubt it was a sympathetic affection and due to local peritonitis. It occurred from six to a dozen times a day during the forty-six of his illness. The only surcease from this distressing symptom was for three or four days after the use of the aspirator. Notwithstanding the appetite continued

throughout very fair, emaciation and asthenia ended only in death. A *post mortem* being refused, the nature and contents of the swelling remain doubtful. The tumor at no time was well defined or circumscribed. It seemed to follow the course of the large intestine. Its location was in the right inguinal and lumbar regions. The points of greatest swelling and tenderness was about an inch and a half inward from the superior spine of the ilium. There was no redness of the surface, no chills, no rigor, nor could fluctuation be detected. It is well nigh impossible to get fluctuation through the abdominal walls unless the abscess is unusually large.

Seeing that my case was gradually growing worse, I asked for consultation, and Dr. Beebe, of Sidney, was called to my assistance.

An explorative operation was decided upon. In case pus was found this was to be followed by an incision into the sack. The aspirating needle was plunged into the tumor at the point of greatest tenderness and swelling. No pus was found. About an ounce of dark sanæous fluid somewhat fœtid, was drawn off instead. This was a part of the infiltration into the cellular tissue. Was there no pus, or had we failed to reach it? Usually in cases like this the abscess is well marked and easily detected. An autopsy would have been very valuable in this case. I am of opinion that there was not a perityphilitic abscess in this case.

After the operation the swelling lessened and there was marked improvement in the symptoms. The bilious vomiting which had troubled the patient daily for a month ceased for four days from the time of aspirating. Four days after operation, the bilious regurgitation was resumed and continued to the last. This gradually became more fœtid, and once or twice the liquid ejected was dark colored and very offensive. The pain and tenderness in the iliac region continued throughout, so that the patient was obliged to lie upon his back during the whole of his sickness. The anti-peristaltic action and regurgitation were caused by local peritonitis.

The diagnosis is difficult only in the beginning of the disease. For a time, various disorders present themselves for exclusion. On being called to a case of a few hours standing, the severe abdominal pain and tenderness might lead one to suspect an attack of cramp colic. It might also be mistaken for bilious or renal colic. With the eructation, hiccough, and bilious vomiting, which soon appear together with an elevation of pulse and temperature, one will think of intussusception. The pain and swelling, which soon develop into the ileo-cæcal, would also point to invagination, since this is the most likely seat of the disease. With this condition of affairs it is not easy to make a differential diagnosis.

This was the dilemma presented by my case. I weighed the two diseases with equal balance until one sign more than any other lead me to a correct diagnosis. In gathering the history of the case, I found a condition of affairs as I have already described in laying before you the symptoms of the forming stage of typhlitis stercorralis. These points, together with the fact that scybalæ passed with an enema, revealed the nature of my case. Other differential points are these: In the beginning of intussusception iliac swelling is not always perceptible; diarrhœa for a time is noticed; eructation, singultus, and vomiting are earlier developed than in typhlitis.

Tumors of the ovaries or kidneys may have to be excluded. The symptoms referring to the menstrual function and to the urinary secretion will put these matters to rest.

Cancer of the cæcum is of slow growth, very rare, and found only in cachectic individuals. In case of psoas abscess the swelling is deeper seated, nearer pouparts ligament, and nearer the middle line of the abdomen.

Typhlitis stercorralis demands treatment somewhat different from the other varieties. This difference refers to the alvine evacuation only. When a physician is called to a case in the forming stage and is able to recognize the impending danger, common sense teaches how to treat it. But common sense is rather an uncommon thing, and often

becomes hobbled by false theories, much as in a case of post partem hæmorrhage where the stereotype rule is to turn out the clot and knead the abdomen, so here the attendant is to turn out the *fæces*.

Permit me again to call your attention to the importance of being on the alert for the insidious signs and symptoms, which appear from time to time for months, and are surely the foundation for a severe, if not a fatal attack, of the disease.

Proper treatment at this time may be all the difference between life and death. When a patient comes to you for treatment with no well defined disease, but is troubled with obstinate constipation, with irregular scanty stools, poor appetite, foul breath, a bloated abdomen, general malaise, "under the weather" sort of feeling, who suffers exacerbations with colicky pains and tenderness, with a slight swelling in the right iliac region, eructations, bilious vomiting and some febrile movement. I say when you meet with such a case your duty is self evident. "Turn out the clot." *Evacuate the bowels*. Then the appropriate remedy may be selected. For the purpose of establishing *free* dejections from the bowels in these circumstances, do not consult a repertory, rather study the nature of irrigation. Enema is the *sine qua non* agent. Use it repeatedly and often, until the large intestines is disburdened of its immense accumulation. By the use of laxative food and medicine the bowels may be moved slightly, and for a considerable time the attendant is apt to consider his case progressing nicely. Meanwhile, the condition of the bowel may be this: upon one side, a narrow channel is slowly working its way through the hardened *fæces*. Thus there is created a canal through the impaction which bears off the slowly dissolved contents in comparatively small quantity. Notwithstanding these dejections the physician is dealing with an intestinal tube five or six feet long still nearly filled with an irritating substance, which should be removed instantly.

Allow me to insist upon a free use of water per rectum. Ox gall is an excellent solvent of hardened *fæces* and may

be used with advantage. But do not neglect to irrigate the whole of the large intestine before you cease operations. For this purpose the rectal tube may be used.

If the case has not yet advanced to active inflammation, cathartics should supplement the rectal injections in order to make sure that all the impacted feces are removed. After this medication is in order. Should the case pass on to a full developed typhlitis, evacuation of the bowel is first in order. Here it is best to rely upon enema, as active catharsis may aggravate the inflammation. The patient should be put upon a nutritious, liquid diet. Hot fomentations and poultices to the iliac region will be of service to allay pain and hasten absorption. The principal remedies are, *Belladonna*, *Bryonia*, *Mercurius*, *Hepar sulph.*, *Graphites* and *Silicea*. For the local peritonitis, which is likely to induce anti-peristaltic action, regurgitation and singultus, *Opium* is the best remedy.

After we have used enemas, cathartics, warm applications and the like, we are not to fold our arms and wait developments. We are to consider the probabilities and tendencies of suppuration, and, if possible, provide against fatal perforation. This can be done easily and safely by surgical interference. Little is said about the surgical treatment of perityphlitic abscess in text-books. The *New York Medical Record* for 1878, contains a number of reported cases successfully treated by incision and free drainage.

The practical deductions from these cases are briefly stated. About twelve days after the disease has set in, an incision is made over the most tender and prominent part of the tumor. This point is usually found about an inch or an inch and a half inward from the superior spine of the ilium, and a little upward or downward from this point. The incision should be about two or two-and-a-half inches long, the incision becoming shorter as the tissues are divided until the sack is reached, when the incision is to be but a half inch long. The exploring needle is now introduced to make sure of pus. Pus being found, the incision is com-

pleted and the sack is laid open. The quantity of pus found differs in different cases from an ounce or two to a quart.

Another plan adopted by some operators differs from this a little. The aspirating needle is first introduced. Pus being found the needle is left *in situ* and used as a guide for the incision. The incision instead of being made parallel to pouparts ligament is made parallel to the long axis of the body. The after-treatment is the same in either case. The sack is cleansed and kept clean by daily use of syringe and carbolyzed water, and by use of drainage tube, as a candle wick or the like. The fœtor and sanæous matter are thus gradually lessened, and in the cases reported the incision healed at the end of about ten days, and the patients made good recoveries. One case was reported where the incision was omitted, the aspirator alone being used. When there is little suppuration this is sufficient, but in case of a large abscess it is safe to lay the sack open.

The aspirator will do no harm even if pus is not found, and in my case its use was followed by temporary improvement. This fact suggests the theory that in case where abscess does not follow typhlitis the aspirator is of service. Nature's effort is to absorb the inflammatory products; but the absorption process is a slow one, and aspiration is rapidly performed; yet both attain the same end—the removal of infiltration from the sub-cæcal connection tissue. Be sure that the aspirating needle is of a sufficient calibre to permit the flow of pus.

What I desire to advocate as the most essential part of treatment in these cases is the removal of pus. The aspirator should be used in all cases where pus is suspected, and when found in a considerable quantity, aspiration should be followed by an incision into the sack, and drainage established. There is little danger in this procedure, and in most cases the surgeon's duty is plain and simple. It is too hazardous to consign these cases to unaided nature. You can avoid the danger of sudden death from peritonitis, chronic suppuration, fistulous channels and long suffering by treating an abscess according to the simple rules of surgical practice.

Sanitary Department.

SANITATION AND BUILDING IN CHICAGO.

It may interest our sanitary readers to know the attention given to sanitary matters in Chicago. The *Sanitary News* epitomizes the regulations as follows:

According to the plan of plumbing approved by the Commissioner of Health, all materials used must be of good quality and free from defects, and the work executed in a thorough and proper manner. All the plumbing in the house must be so placed as to be readily inspected. Every soil-pipe and waste-pipe, of iron or lead, must extend through, and at least four feet above, the roof, of *undiminished size*, and provided with a suitable top or cap. The house drain, if of iron, should have a fall of at least half an inch to the foot, and provided with a proper trap near the street, and with an inlet for fresh air just inside the trap. It should run along the cellar wall, and never be hidden under ground. These iron pipes must be sound, free from holes, and of a uniform thickness of not less than one-eighth of an inch for a diameter of two, three, or four inches, or five-thirty-seconds of an inch for a diameter of five or six inches. Before they are connected they should be thoroughly coated inside and outside with coal-tar pitch, applied hot, or with some other equivalent substance. All joints in the soil pipes, and waste-pipes must be so calked with lead, or with cement made of iron filings and sal ammoniac, so as to make them impermeable to gases. House drains, other than iron, should have twice the internal diameter and half the grade, except by special permission.

When lead pipe, or a trap, is connected with an iron pipe, the joint should be made through a metallic sleeve or ferule, and calked with lead. Every sink, every basin, water closet, and every tub or set of tubs must be separately and properly trapped, and all traps ventilated by a special pipe extending

above the roof. Every "safe" under a basin, refrigerator, or other fixture, must be drained by a special pipe not directly connected with any waste pipe, drain or sewer. Every water closet must be supplied with water from a *special* cistern, and not by direct connection with the city water supply. No overflow pipe from a cistern can be directly connected with any soil pipe, waste pipe or drain. When the pressure from the city pumping works is not sufficient to supply the cistern, a pump should be provided. No cistern for drinking water should be lined with lead. Wrought iron, steam fitted, glazed pipes are considered the best for house drains. The construction of private catch-basins outside the lot lines, in the public streets, or inside the area of building walls, is not permitted. All discharge pipes leading from kitchen sinks or any other receptacles likely to contain grease in any form, must make direct connection with and discharge their contents into catch basins; all bath tubs, water closets, hand basins, stationary washing tubs, etc., must connect directly with the soil pipe or main drain. No sewer pipe is permitted to be placed at the foot of a ventilating shaft, waste, or soil pipe. As to general conditions, it is provided that every habitable room must have at least one window opening directly upon the street or yard, or upon a court or light shaft. Every light and air shaft for habitable rooms must be at least twelve square feet in area for a three story house, sixteen square feet in area for a four story house, twenty square feet in area for a five-story house; and in every case not less than two feet wide in the clear. Shafts between two houses and common to both, must be of double this area and not less than four feet wide. Where the sides of the shaft are allowed by the Department of Buildings to be constructed of studding, they shall be extended above the roof not less than three feet, be covered with glass to admit light, and be provided with openings protected by slats so arranged as to admit air, the openings to be at least equal in area to the area of the shaft. The windows of habitable rooms which open on shafts be hung with weights so as to slide vertically, each window to

be not less than twelve square feet in area. Water-closets must not be ventilated by a shaft which ventilates habitable rooms; and where they do not open otherwise to the external air, they must be ventilated by means of a separate shaft, not less than three square feet in area, to extend above the roof, and to be arranged for the admission of light and air at the top in like manner as the shafts for rooms. No alteration in the light and ventilation of the premises for which a permit is granted can be made, except upon the express written approval of the Commissioner of Health; nor can any additional structure be erected upon the lot except upon such approval and a special permit. It is required, under the city ordinances, that every house shall be provided with good and sufficient water-closets or privies, of a construction approved by the Commissioner of Health, and shall have proper doors, traps, soil-pans, and other suitable works and arrangements, so far as may be necessary to insure the efficient operation thereof.

SOUTHERN FLORIDA AS A HEALTH RESORT.

BY A. M. CUSHING M, D., BOSTON MASS.

If one leaves Boston in January, in about thirty-six hours he will leave cold weather, and by the time he reaches Savannah it will be warm and spring-like in the middle of the day, but cold at night. Going on, you arrive at Jacksonville and here it will be warm in the middle of the day; but at night a fire is a necessity. During the evening, night and morning it will be chilly and damp. For a healthy person it answers very well but it is no place for a person with weak lungs. Here you can get any kind of fare you have a mind to pay for. At the Carlton, St. James, Windsor, and perhaps some other houses, you can find as good a table as at the north, and will have to pay as much for it. In private houses it is cheaper and poorer but none of them have

good water to drink. When one gets so near a healthful place, especially invalids, I advise them to go there; so you take the "F. De Barry," or some other good steamer, at four P. M., and go up (South) the St. John's river. At ten P. M., the boat stops at Pilatka for two hours and you go out and see the place, and the most of that is the Putnam House. This stop is made waiting for daylight to guide the steamer past the shallow part of Lake George. As you pass on your ride, hour after hour, under the branches of tropical forests, you see large numbers of beautiful birds, and occasionally, evidences of civilization. At about noon, you arrive in the city (!) Sanford, a village containing one large hotel and one or more smaller ones, a few stores, and perhaps one hundred houses (this is guess-work.)

On the opposite side of Lake Monroe, five miles away, is Enterprise, a small place, but till within three or four years *the place of Southern Florida*, but the railroad has made Sanford *the place of all places* in that part of the state; especially in the future. As Sanford is no better than Jacksonville, or other places on the St. John's River, we take the South Florida Railroad (narrow gauge) and go south ten miles to Longwood, situated sixty feet higher than Sanford. If you wish you can go to Maitland or Orlando a little higher, and at present pleasanter places perhaps, but as Altamonte is to be the objective point of some of us in the future we will hire a team (probably mules) to take us there, three miles. A railroad has been surveyed through there. If you go to lake Brantly, as we did, you will find a clear, beautiful lake, one mile wide and from two to three miles long. Remember it is midwinter, but here the weather is delightful; perhaps you will not see a cloud for days, the sun and the moon go almost directly over your head. When you go out you can leave your umbrella, overcoat and coat at the house. In the evening you can sit on the piazza as long as you desire, and not cough, sneeze or get hoarse. If you have the catarrh you can throw away your handkerchiefs after three or four days (unlike any other place we ever saw). You can go out on the lake, as clear as any mirror; if you

fall into the water, get back into the boat and leisurely row home again and you will not feel chilly; and if it is in the evening go to bed and dry your clothes, I did, and did not get cold.

There the days are like the clearest, warmest Indian Summer days; the nights are cool, and in the evening an open fire of "lightwood" (pitch-pine), makes you feel quiet, happy and comfortable. There is always a breeze at night, Summer and Winter, and sleep is certain. If your lungs are weak go and stand in the smoke of the burning pine stumps. If you have the dyspepsia, go to the sulphur springs and drink the water. The natives say it will cure the worst case and quickly. I know that a few drinks of the water, or standing in the pitchy smoke, or lugging one or two guns one or two hours daily, or working in an orange grove wonderfully recruited a worn out stomach.

The atmosphere has a quieting influence that makes people more lazy, and nervous people quiet, and is therefore destined to be the great resort for nervous people. This subject has been overlooked for the reason that lung troubles have been more thought of in connection with Florida. Physicians will learn this, and those who have not will learn that consumptive patients sent to the region of the St. John's river are liable to die, while those sent to a dryer locality where there are pine forests, sandy soil and good drinking water, like a large portion of Orange County, will get well.

For eighteen years we had good reasons to try and learn all we could in regard to the best climate for invalids, and are led to believe that Southern Florida has less objections, and more in its favor, than any other place to which we have access.

Surgical Department.

MESMERISM AND SURGERY.

The art or science, if such it might be called, of mesmerism, which has been looked upon with such skeptical eyes by a majority of people, was tested in a remarkable manner in this city yesterday, and all who witnessed the trial were astonished beyond measure. The test consisted of a surgical operation performed upon a man under the mesmeric influence, and it proved of great practical value and the importance of the art to surgery was beautifully illustrated.

The operation was performed by Dr. F. W. Koehler, surgeon of the Louisville Homœopathic dispensary, at that institution, in the presence of a number of persons. A negro named William Tell, presented himself at the dispensary, some time ago, to be treated for a large tumor which was growing from the side of his neck and face. It was decided that an operation must be performed, and he was very anxious to get relief by undergoing it. The time was fixed for Wednesday, and all the arrangements were made. At 11 o'clock Tell was placed upon the operating table, and an attempt was made to anæsthetize him with ether. He showed a strange tolerance of the agent, however, and although the best ether was administered with a free hand, it seemed impossible to get him under its influence. So much time was consumed in the attempt to anæsthetize him that the operation had to be postponed until yesterday morning, when the patient appeared promptly at the dispensary. He stated that he had been made very ill from the effects of the ether, and requested that the operation be performed without its aid. The propriety of this suggestion was being discussed, when Dr. A. G. Smith, one of the medical staff of the dispensary, remarked that probably he could mesmerize the patient. This proposition was readily accepted, since all agreed that it could do no harm.

Dr. Smith seated Tell on his table and began the experiment in the usual way. The patient was made to look him steadily in the face, and when the usual motions of rubbing the hand over the face and making passes over the head were completed, he seemed fully mesmerized.

Dr. Koehler, to satisfy himself that insensibility to pain really existed, put a pin almost through the patient's hand. As he experienced no apparent pain, the operation commenced.

Owing to the large size of the tumor the incision required for its removal was very extensive, and, although the face is known to be remarkably sensitive to pain, the patient showed no evidence of sensibility, and during the whole operation, which lasted seventeen minutes, he lay as if in a natural sleep. Very hot water was used as a styptic, and once or twice while this was being applied by means of a sponge, he winced slightly, but other than this gave not the slightest evidence of pain.

When the operation proper had been concluded the patient was still kept hypnotized until all oozing of blood stopped and the dressing had been applied. It was then 11 o'clock, and the operation had been commenced at 9:30 o'clock. The patient had been in a mesmeric state uninterruptedly for an hour and a half. When everything had been completed and properly arranged, Dr. Smith snapped his fingers sharply under the patient's ear and commanded him to sit up, which he immediately did. He was questioned closely, and stated that he had been perfectly conscious of all that had been said and done, but had felt no pain whatever.

The case has created much comment and inquiry among physicians, and especially among the skeptical ones, and but one conclusion has been arrived at, that the practice is a remarkable one, and cannot be accounted for.

With such an instance as this of the successful employment of mesmerism in surgery, it would seem that more attention should be paid to the subject. So far the method has been but little practiced on account of lack of faith among a number of surgeons.

Perrin, as quoted by Lyman in his unsurpassed article on anæsthetics in the "International System of Surgery," relates the case of a woman whose breast was removed for cancer while she was in a mesmeric trance. During the operation no pain was felt, and she was permitted to sleep forty-eight hours before the spell was broken. It is well known however, that every person is not a proper subject and cannot be put under the influence, but, granting that only one in five is successful, it seems to be possible to perform operations in this way very frequently.—*Louisville Courier Journal*.

Children's Department.

CALCAREA OSTREARUM FOR CHILDREN.

BY J. C. CUMMINGS, M. D., ST. LOUIS, MO.

I wish to call attention to this medicine, in diseases of delicate, blue-eyed, light haired, fair complexion children. These children when babies, and often when two or three years old, perspire a great deal about the head when sleeping, often wetting the pillow. They are unusually bright—disposition like an April day—sometimes angry, and again in a few minutes all sunshine. They are restless sleepers, change position often during sleep.

Children seem to require less cover than adults, for we often find them uncovered, when adults would enjoy an extra blanket. Their appetites are whimsical; fond of injurious articles of diet. These children are very liable to brain affections; they belong to what I call tubercular diathesis. If they escape meningitis, they are liable to white swelling of the knee, or hip-joint, and spinal diseases, and later in life to phthisis. The best article I know on this subject is chapter VI, of Reynolds Diagnosis of the Brain, Spinal cord, and Nerves. Children of the tubercular diathe-

sis have frightful dreams, often wake crying, and are delirious for a few moments after waking; see imaginary things, and sometimes have to be taken out of bed to be quieted.

When old enough to talk, they complain of being tired, and want to be carried up stairs. When the disease begins to develop, they trip and fall on the carpet, or level ground—usually it is the left knee that gives way. They often complain of pain in the knee or hip. As the disease advances, constipation ensues, often vomiting after eating—sometimes vomit on being raised up from a reclining position.

When digestion becomes impaired, it hastens the development of the disease. I think tubercle is a disease that is easily engrafted on a feeble constitution; and if the food of these children is not nourishing, and easily assimilated, they soon drift into disease, and sometimes fatally so, before the parents are aware of the child being sick. They are often punished for their bad temper, when they ought to be soothed. They ought to live much in open air—be kept from school, and live as much as possible on fruits, oatmeal, cracked wheat, graham crackers, and graham rolls, made simply with water, and perhaps a little salt in the dough, thoroughly kneaded, put in a hot pan, and baked in a quick oven.

Above all, let these children have as much sleep in a *well ventilated room* as they can be induced to take, never let them be frightened. In some cases the disease will develop in spite of all that can be done, but by judicious treatment, many can be saved. I can recall about seven cases, that I think have been saved by Calc. and the above outlined treatment.

I lost my oldest child with tubercular meningitis—my next child now thirteen years old, was for several years strongly threatened with meningitis, frequently crying out in his sleep, and would imagine that frightful objects were in the room, and even now, whenever he has fever, becomes delirious. Two little girls in different families, that I often treated for tonsillitis, and diarrhœas for a year or two, have been in comparative good health for the last two or three

years, except the older has complained recently of pain in her hip; she has a grown sister who has spinal curvature.

Another little child was not able to stand, when over a year old, (I think he was fourteen months old) and only had two teeth. Under Sulph. and Calc. and perhaps some Silicea, and the invigorating air of the New England States, in a few months, he was able to walk, and had cut some four or five teeth.

In these cases, I commence with Sulph; after a short time then give Calc. 6th trit., or if the case clearly calls for Calc. may give the highest attenuation as in the following case.

J. P. aged sixteen years of age, had spasms when three years old. Parents think they were caused from fright; he had three hard spasms in one day—later would have them *only during the full moon*. He stutters, stuttering always worse just before a spasm. No spasm since first dose of Calc. some five or six years ago. He took a few doses of Calc. during the full moon, for some months. His stuttering is less now, except when excited. He has a good mind.

Eye and Ear Department.

ABNORMALITIES OF THE EYE AND ITS APPENDAGES FOLLOWING ATTACKS OF GRANULAR CONJUNCTIVITIS.

BY E. W. BEEBE, M. D., MILWAUKEE, WIS.

Read before the Eighteenth Annual session of the Homœopathic Medical
Society of the State of Wisconsin, at Milwaukee, 1882.

Granular conjunctivitis is perhaps one of the most frequent, as well as the most destructive of all diseases to which the human eye is subject.

There are several varieties of the disease mentioned by modern writers, but for practical purposes they may all be considered under two general heads, known as the follicular and papillary form of the disease.

The term granulation, as applied to this disease of the eye, is a misnomer, there being no such condition in fact; the so-called granulations being simply enlarged or hypertrophied papillæ, on the one hand, while the follicular form "consists of assemblages of lymph cells, the increase or enlargement of which has wasted or displaced the meshes of the areolar tissue so as to form cavities in which the cells are contained."

The papillary form is altogether the most common, the lids usually having a swollen, puffy appearance externally, while the papillæ are dark red in color, quite prominent, and have a soft, spongy appearance, and the tissues of the upper lid, upon being everted, seem lax and inclined to wrinkle or lie in folds, as though too large to accurately cover the globe.

This form is generally quite easily controlled by the use of the proper remedies, and in most cases a complete cure can be made.

Not so, however, in the follicular variety, for it is as obstinate to treatment as the papillary form is yielding; in fact, I have come to believe that when the conjunctiva is once attacked by this form of disease, a complete cure is impossible; for although the so-called granulations may be removed in the majority of the cases, and the eyes freed from the annoyances due to the same, and when to all external appearances a cure has been accomplished, yet on everting the lids, we find a sclerosed condition of the conjunctiva, with visible scars remaining while life shall last, to show the severity and destructiveness of the disease.

It is not my purpose, to-day to consider the treatment of this disease in a therapeutic sense, but rather to call the attention of the society briefly to some of the dangers to *improper treatment*, either by persons who are incompetent to take charge of such cases, through lack of medical skill, or those who, through carelessness, do not give the subject the attention it deserves.

I consider that person incompetent, who would attempt to cure both forms of the disease with the same local remedy,

regardless of all internal medication; and in the same category, only verging further towards lunacy, would I class one who attempts to cure these cases by the internal remedy, wholly, without the aid of local applications.

I believe that a happy medium exists between the two, and while I would avoid the routine astringent treatment of the dominant school, I most earnestly recommend a carefully-selected internal remedy, prescribed in accordance with Hahnemann's law, and, at the same time, a local application of as carefully a selected astringent, applied with the greatest of care, and with all gentleness possible, to the everted lids, and immediately washing the same with a camel hair brush and tepid water.

The remedies for this disease, like all others, vary, as do the cases, and the specialist is frequently taxed to his utmost, under the most favorable circumstances, to cure aggravated cases without leaving behind some permanent or visible injury to lid or globe, to mark the severity of the attack, and his inability to cope with it.

It may not be out of place in this connection, for me to mention the fact that there are those who hold views differing from the specialists in regard to the curability of these cases. In fact, there are many people who do not claim to be physicians in the usual sense, yet, who are owners of never-failing receipts for sore eyes, which, in the goodness of their hearts, they never fail to force upon every poor mortal within their reach who is so unfortunate as to have contracted an ophthalmia. They assure one, theirs is a never-failing remedy for granular lids, because it cured Mr. So and So, after Dr. A. had treated him for weeks without benefit.

All cities, and many of our larger towns, have "eye doctors"—men of good address and polished manners, and though without passports from medical colleges, yet, they by some lucky instrumentality, have become possessed of various secret remedies of wonderful efficiency, with which they believe, and positively affirm, they are able to cure *all* diseases of the eye; and such is their faith in their power, they

will guarantee to cure the most complicated cases for simply the nominal sum of \$50 (in advance), requiring no pay for their *services* if a cure is not complete!

It does seem as though such quackery could not be palmed off upon a discriminating public, yet it is a fact that many intelligent and unsuspecting people fall victims to this class of frauds.

Now, while it is not impossible for such an one to succeed in curing some cases, yet it is quite probable that fully one-half of the cases that pass through his hands are permanently injured thereby.

There seems to be an opinion prevalent among many people, that the treatment of diseases of the eye must necessarily be confined to the specialist, considering it a separate branch of medicine—as much so as dental surgery—and this engenders a lack of confidence in their family physician's skill in these cases. They are ready, therefore, to forsake their medical adviser upon the first occasion, and employ the worst quack that travels, if he but advertises freely, and claims to be ignorant of all else in medicine but diseases of the eye. To such an one they pay their money freely, and are subjected to such treatment as he sees fit to give them, without a murmur.

There is probably no branch of medicine in which an ignoramus can so successfully palm himself off for what he is not as in this, and woe to him or her who is so unlucky as to fall into the hands of one of those ignorant pretenders.

General practitioners, having little or no encouragement from their clients to stimulate them to obtain a thorough knowledge of the disease of this organ, have in too many cases let the matter go by default; therefore are illy prepared to treat severe and complicated cases.

These may be given as some of the reasons why we so often see such bad results following attacks of granular lid. And this brings me to the proper subject of my paper to-day: “Abnormalities of the Eye and its appendages, following attacks of Granular Conjunctivitis.”

One of the most common results of trachoma, or granula-

tion, is that known as pannus, and consists in a network of bloodvessels, covering more or less of the cornea, usually the upper half, or that portion covered by the lid. It is usually due to the friction of the roughened lids against the cornea, and sometimes becomes so dense as to produce absolute blindness—a condition which if allowed to go on unchecked, soon produces an infiltration of the corneal tissues that will prevent perfect vision thereafter. The treatment which is applicable to the lids is usually sufficient to cure this also, but some cases are exceedingly obstinate, and the pannus remains long after the granulations have disappeared, in which case, on careful inspection, large capillaries will frequently be seen passing down over the cornea, which act as feeders to the vascularization, and the most efficient treatment consists in raising a fold of the conjunctiva containing the vessels, with a pair of forceps, and severing it near the edge of the cornea with a pair of sharp-pointed scissors. If this procedure does not give the desired relief, syndectomy may be tried, which consists in excising a circular band of conjunctiva and sub-conjunctiva entirely around the cornea, one-eighth of an inch in width, leaving the sclerotica entirely bare. This should be followed by cold compresses for the relief of the inflammation which may follow. It is heroic treatment, and one I cannot recommend in ordinary cases; but I believe it preferable to the method of inoculation with the pus from an eye attacked by purulent ophthalmia, recommended by some, and if I should have a case, that withstood other treatment, I should be in favor of this operation.

The cornea is liable to become ulcerated in scrofulous subjects, when attacked by granular ophthalmia, and, when deep, the healing process is followed by more or less dense opacities, for which no known remedy at present exists.

These, when located near the margin of the cornea, are of no importance so far as vision is concerned, but when near the center of the cornea, or opposite the pupil, they materially interfere with vision, and in some cases produce absolute blindness.

Luckily, for such cases where medicines are of no avail, surgery comes to our aid, and by means of a properly-constructed artificial pupil, vision is again restored.

The best position for an artificial pupil—other things being equal—is upon the inner side, or upon the side next to the nose, and should be made as small as possible, the vision being better through a small pupil than a large one.

The operation consists in removing a portion of the iris opposite a clear portion of the cornea, thus allowing the rays of light to enter the eye, as through the original pupil.

The incision may be made with a broad needle, at the periphery of the cornea, and the iris grasped with a pair of fine forceps and withdrawn from the wound, where it may be severed with a pair of sharp scissors.

There is usually but little reaction following the operation, it being sufficient, usually, to keep the eye bandaged for a period of three or four days, only. Atropia may be used, and the patient kept in bed, in troublesome cases.

Cases might be cited to show the acuteness of vision obtained from successful operations of this kind, but, as the operation is comparatively simple and frequently performed, it is unnecessary to do so, but I will simply say that, in the majority of cases, sufficient vision will be obtained for ordinary purposes.

Another very common affection following chronic granular ophthalmia, is that known as "incurvation of the cartilage," usually of the upper lid, though both are subject to this affection. It is caused by the shrinking and contraction of the conjunctiva lining and the lids, from absorption of the granulations by caustic treatment. The incurvation is not so marked as in entropium proper, and for this reason an operation, for the relief of the difficulty, is not as often performed as I believe, it ought be.

In the great majority of the cases of chronic trachoma, which have received the caustic treatment, the cartilage is curved in toward the globe, so that only the lower border, or edge, of the lid is in contact with it, and this, with the pressure of an hypertrophied orbicularis muscle, which

usually accompanies these cases prolongs indefinitely the pannus and opaque condition of the cornea, and we frequently see cases with extremely poor vision from this cause alone, after the granulations have been entirely cured.

The treatment consists in an operation known as "grooving the cartilage." To do this successfully requires some skill and experience. The lid must be supported by a spatula, placed beneath it and held by an assistant; a strip of integument is then removed from the external to the internal canthus, of about one-third of an inch in width; a strip of orbicularis muscle is likewise dissected up and removed, of the same length, and of about one-fourth of an inch in width; this leaves the cartilages bare, from which a V-shaped piece is removed, in such a manner that when sutures are applied as they should be—through the skin, muscle and cartilage—and tied, the edge of the lid will be turned outward, or away from the globe. This is the best method, by the way, of permanently relieving patients of that annoyance which is popularly known as "wild hairs," and which is another of the evils of granular lids.

This disease is known to the profession as trichiasis, and consists in a displacement of some of the hair bulbs bordering the lid, so that a portion of the eye lashes grow in a wrong direction.

It is needless for me to mention the fact that there is no such thing as "wild hairs," but that the disease consists, as above mentioned, in an abnormal direction of the natural ciliae bordering the lids.

The usual treatment advised, is a continued plucking of the displaced eye lashes as fast as they make their appearance, or to destroy the separate hair bulbs by caustics, electrolysis, or the actual cautery, but my experience has taught me that the easiest and quickest method of curing these cases, consists in turning the ciliary border away from the globe, by the little operation of grooving the cartilage. This is usually efficient, and does not disfigure the lids as does the loss of the lashes.

In grooving the cartilages for these affections, care must

be taken to make the operation as near the margin of the lids as possible, without interference with the hair bulbs; care is also required to prevent injury to the conjunctiva lining the lids, lest a cicatrix be left to irritate and inflame the globe.

There is usually free hæmorrhage attending this little operation, and frequently some of the larger arterial twigs have to be twisted before the operation can be finished, after which sutures are placed close together, so as to accurately close the edges of the wound.

Considerable swelling of the lids follows, and not unfrequently the wound gaps, unless care is taken to put the sutures moderately close together; they should be removed on the third day, and adhesive strips substituted to prevent suppuration, and consequent disfigurement of the lid.

When carefully performed, this operation is of the utmost benefit to this class of unfortunates, and to show what may be done, for what would seem to be hopeless cases, I will mention one which occurred in the practice of the writer, some two years since:

The case came to me through my friend, Dr. Lewis, of this city, and I think he will bear witness to the fact that it was one of the most unpromising cases of the kind. The patient contracted granular ophthalmia when a child of some two and one-half or three years of age, and was under the care of several physicians at that time, and had received treatment—more or less—from that time until the case came into my hands, one of her physicians being a specialist, now doing business in this city.

When brought to me she was seventeen years of age, having had bad eyes continually for a period of fourteen and a half years. She was only able to count fingers at one foot, in a good light, or about one one-hundredths of the sight she ought to have had. Photophobia intense, obliging her to keep her head covered and eyes shaded; there was marked entropium of both upper and lower lids of each eye, so that the lashes were constantly in contact with the cornea, which had become so opaque as to hide the iris completely, so that

it was impossible to determine the color of the eyes, the surface of each cornea having that grayish white appearance common to dense opacities. The outer canthus had united to such an extent that, when the lids were opened to their fullest, but little more than the cornea could be seen. In addition to this, the tear ducts of the right eye were obstructed.

The patient having been partially blind from girlhood, and confined to the house the greater part of the time, she had had no chance for improvement of the mind, and the result was, that in mental development she resembled a child of ten years more than a young lady of seventeen.

Having decided to make an operation for her relief, she was brought under Chloroform by Dr. Lewis, and assisted by Dr. Stringfellow, I proceeded to groove the cartilage of both upper lids, and performed an operation on both lower lids for entropium, and finished by making a canthoplastic operation on the external canthus of each eye, thus making six distinct operations at once.

The sutures were removed on the eve of the third day, from which time improvement began.

The granulations, which still showed plainly, were treated by mild applications of Aluminate of Copper, and appropriate internal remedies prescribed at the same time.

She was under my care for a year or more, and although she has not perfect eyes, at this time, yet she can see to read, is free from pain or other annoyance, and is capable of earning her living as a domestic—a condition far removed from blindness and her former suffering.

In long continued granular conjunctivitis, as well as in the catarrhal form, the habit of forcibly closing the eye-lids to remove a superabundance of tears or mucous from between the lids, leads to an undue development of the orbicularis palpebrarum muscle; this, acting upon the already thickening lids, tends to press their roughened surface still closer against the globe, thus producing an irritable condition of the cornea bordering upon ulceration, so that it is next to an impossibility to cure the granulations while this condition exists, for it is a rule of treatment to use astringents

sparingly when the cornea is implicated, and I have known cases of this kind to withstand months of otherwise correct treatment, when only a slight surgical operation was needed to remove the mechanical impediment, which prevented speedy recovery.

This operation is known as canthotomy or canthoplasty, and consists in slitting up the external canthus on a line parallel with the edge of the lids, and about one half inch in length, severing the greater portion of the fibers of the orbicularis muscle. It is best accomplished with a curved bistoury and director, after which the canthal ligament may be put upon the stretch, and severed with a pair of scissors.

A fold of the ocular conjunctiva from near the outer canthus is then drawn into the wound by a single suture, to prevent the severed muscle from uniting. Some operators advise several sutures, but it is seldom that more than one is required. The operation is quite painful, but if done quickly it can be endured without an anæsthetic.

A single case will show the advantages of this operation. Mr. H——, age forty-eight, had granulated lids for a period of fourteen years, and had been under treatment a greater portion of the time, the last half of which he had become so blind that he had to be led about the streets, preventing all labor, and rendering himself and family, consisting of wife and five children, subject to the charities of the people. Upon his presenting himself to me, and my prognosis being favorable, he was sent to me for treatment, so blind as to only be able to tell daylight from darkness. Upon pinching up a fold of the skin of the upper lid, it was with much difficulty that the lid could be separated from the globe, so powerful was the action of the opposing muscle.

The operation gave immediate relief to a sense of fullness or pressure within the orbit, and the photophobia and pannus rapidly improved. In a very short time he was able to see to keep the sidewalk, and in a three months' treatment of the granulations, he went home comparatively well, so that ultimately he entirely recovered, so far as it was possible for him to do, he being able to read fine print, and

having about 10-15 vision for distance. The case occurred five years since, with no relapse to this time.

It is perhaps unnecessary for me to consider the subject further, although there are other difficulties which I might mention that are due to this troublesome disease.

As simple as it seems, it has given me more trouble to perform a perfect cure than any other disease with which I am familiar. The treatment must of necessity be lengthy, and many patients cease their visits when sufficiently relieved to attend to their accustomed duties, thinking that nature will finish the cure so nicely begun. Never was there a greater mistake. It is about as sure to return as an exciting cause occurs.

I believe the treatment should be persisted in until all traces of the granulations have disappeared.—*Wis. Trans.*

Medical News.

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Whooping-cough is reported by the London Board of Health to be a fertile cause of mortality, not because it is dangerous in itself, but from carelessness, or want of knowledge in treating it. The presence of an epidemic of one disease or even more, does not exercise so large an influence on the death-rate in London, as the continuance of excessive cold or heat, or the frequent occurrence of a fog for a few weeks.

In one district all factories which emit noxious vapors or smell have been banished.

Heart Disease.—Nitro-glycerine is a most potent remedy, and deserves to rank only second to Digitalis in the treatment of disease of the heart. The form most generally used is a one-per-cent. solution in spirits of wine: one minim is the usual dose to commence with, but in some cases even less may be given with advantage. It can either be taken in water or one drop may be placed on the tongue. The solution is almost tasteless, but within three minutes of being taken it begins to exert its peculiar physiological properties. It paralyses the vaso-motor nerves, and so dilates the blood-vessels; the face flushes, the temples throb, the pulse becomes dicrotic and much quickened; in some cases the head aches most violently, but in others only a sense of fullness and pain across the forehead is experienced, which lessens with each recurring dose, until ultimately no unpleasant effect, but simply a warming sensation all over the body, is produced. A feeling of nausea, or even sickness, is often caused by the earlier doses. The quantity may be gradually increased until fifteen or twenty minims every four hours are given, but I have never found it necessary to administer such heroic doses. It is never wise to give more than one minim at first, for even this small quantity has produced most serious symptoms in certain individuals. The patient has fainted, and has become almost collapsed, but I am not aware that it has ever been followed by a fatal result. While useful in almost all cases of heart disease, I believe those in which it will be found of the greatest benefit are, 1st, angina pectoris; and 2d, weak, dilated and fatty heart. In angina it prevents an attack by keeping the blood-vessels in a constantly dilated condition, and thus prevents the backward pressure of blood upon the heart, which is probably the cause of the agonising pain of angina. In weak dilated hearts it gives relief by reducing arterial tension and thus lessening the amount of work the heart has to do; the heart, consequently, gains in power by the rest so given to it. As a rule, Digitalis does not agree in these cases; but if thought necessary, it may be given with increased advantage in conjunction with this drug. In several cases of dilated heart, with small, weak, quick pulse, I have seen the beats not only increased in power, but much reduced in frequency, after taking Nitro-glycerine for a few days, thus plainly showing that the heart had been relieved of much of its embarrassment, and as a consequence had gained in power. I have used this drug largely during more than two years, and each week my appreciation of its value as a remedy for this class of cases increases.—W. E. GREEN.

[Another Allopathic discovery(?)—Ed.]

Deserting Allopathy.—A Stir in Jefferson College Over the Conversion of a Graduate to Homœopathy.—Dr. W. W. Van Valzah, who for several years was connected with the Jefferson Medical Hospital as one of the staff of visiting physicians, and who was also considered one of the

the brightest and most promising young physicians ever associated with that institution, is now lying seriously ill in a private hospital at Cleveland, Ohio. His ultimate recovery is, according to the statements of several of his brother physicians, beyond the danger of probability, and the cause of his prostration yet remains an open question. Some time during the summer months, Dr. Van Valzah tendered his resignation to the dean of the faculty of the college under very peculiar circumstances, the following particulars of which were gathered from his associates: During the early winter months of 1881, Dr. Van Valzah began to suffer from great debility and prostration, and believing that a trip South would greatly benefit him, as he found no relief, in the treatment he was receiving here, he started for the land of flowers and sunshine with a friend about the first of December. His anticipations were not realized, however, and he shortly returned, leaving his friend behind him. From this city he started for Cape May, hoping that in the bracing salt air he might find a panacea for his ailment. He took up a residence at one of the numerous cottages there and was attended by physicians from the college until, finding no relief from their prescriptions, he called in others, but after a time tired of them too. At this period his landlady suggested that he permit her to call in her physician, who was a Homœopathist. Dr. Van Valzah consented in a spirit of desperation, though he was calling in a man whom his own school considered a quack. The Homœopathist prescribe and at once effected a marked and favorable change in the condition of his patient. He began slowly to recover, and during his convalescent hours, entered into discussion with his doctor on the relative merits of the two opposing schools of medicine. His improvement was so rapid that it was noised abroad and the story reached Philadelphia and came to the ears of the faculty of the Jefferson Medical College. They heard of the wonderful cure of one of their own graduates and physician by a Homœopathist, and the probability that the cured man would renounce his faith in Allopathy and at once take up with the Homœopathic school. The learned doctors of the faculty at once held a meeting at which the matter was discussed, and it was deemed advisable to send a delegate to Cape May to interview the young physician and discover the truth of the rumors. The fact that an Allopathic physician had been cured, or even treated by a Homœopathist was a grave breach of the Code of ethics of the Allopathic school that required immediate action, inasmuch as the Homœopathists are looked upon by their Allopathic brethren as quacks, pure and simple. Dr. O. P. Rex, a demonstrator of the college, was requested to visit Dr. Van Valzah at Cape May, and from him learn the truth or falsity of the rumors and the position taken by him in the premises. It is supposed that the doctor's visit was not satisfactory, for Dr. Van Valzah informed him that the rumors were correct. So bold a step as this startled the faculty, and they at once held a meeting, at which it was decided to request the young physician to renounce his Homœopathist physician or tender his resignation. Dr. Van Valzah sent in his resignation, preferring to retain his right to act as his conscience dictates rather than to be governed by any school. The action of the faculty has been severely criticised in professional circles for their action and for their attempt to keep the circumstances from the ear of the public.—*Phila Press*.

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